

3-5 Uterine Inversion v.1

Abnormal descension of uterine fundus through genital tract

START

- 1 **Call for help** (obstetrician, midwife, anaesthetist)
 - ▶ Ask: "who will be the team leader?"
 - ▶ **Team leader assigns** checklist reader and scribe
- 2 **Check clinical status using ABCDE approach**
 - ▶ Lie woman flat
 - ▶ Start continuous monitoring: SpO₂, respiratory rate, 3-lead ECG and blood pressure
 - ▶ Give oxygen at 15 L/min via reservoir mask, titrate to SpO₂ 95-98%
 - ▶ Insert wide-bore IV access, send bloods FBC, clotting, cross match 2units
 - ▶ Treat shock → go to (**Box A**) -and- manage inversion → 3
- 3 **Check placental attachment**
 - ▶ Do not remove placenta if still attached
- 4 **Attempt manual replacement of uterus**
 - ▶ If successful → keep hand in place -and- commence post replacement actions (**Box B**)
 - ▶ If unsuccessful → alert theatres -and- alert anaesthetist (**Box C**)
- 5 **Transfer to theatre**
 - ▶ Repeat attempt at manual replacement of uterus
 - ▶ If uterine relaxant needed → give terbutaline 0.25 mg SC -or- GTN spray sublingual
 - ▶ If hydrostatic replacement needed → request equipment -then- start procedure (**Box D**)
- 6 **Failed manual manoeuvres → perform laparotomy by obstetrician**
 - ▶ Apply upward traction on the uterus from within the abdominal cavity
- 7 **Following successful replacement → commence post replacement actions (Box B)**

Box A: Drug doses and treatments

- ▶ Bradycardic shock → Atropine (0.5 mg bolus IV to max 3 mg)
- ▶ Hypovolaemic shock → IV Hartmann's 250 ml bolus(es) warmed

Both types of shock can coexist in uterine inversion

Box B: Actions after uterine replacement

- ▶ If placenta in situ → perform manual removal in theatre
- ▶ Commence oxytocin
- ▶ Administer antibiotics
- ▶ Prepare for atonic PPH (>90% cases suffer PPH)

Box C: Considerations for anaesthesia

- ▶ Check for most appropriate mode of anaesthesia, general or regional
- ▶ Consider estimated blood loss and haemodynamic status
- ▶ Anticipate and manage haemodynamic instability at induction (GA or RA)
- ▶ **Avoid phenylephrine bolus, especially if bradycardic**

Box D: Hydrostatic replacement equipment

Equipment needed:

- ▶ Silastic vacuum cup
- ▶ Warm normal saline 500ml
- ▶ Pressure bag

Method:

- ▶ Infuse warm crystalloid fluid into vagina through silastic vacuum cup

Box E: Critical changes

Postpartum haemorrhage → 2-6