Perform visual survey

- Check for scene safety, initial impression, life-threatening bleeding
- Check for responsiveness
- Call for help and additional resources
 - EMS, rapid response or resuscitation team, maternal and neonatal resusucitation teams
- Remove fetal monitors (if present)



Care Note

If pregnancy status is unknown, use the Basic Life Support for Adults and Adolescents code card.

Breathing and pulse?

Check simultaneously for at least 5 but no more than 10 seconds

Not breathing

(or only gasping breaths)

Pulse absent

Cardiac Arrest

 Position patient as appropriate for clinical condition. If not contraindicated, place in left side lying position

Left Uterine Displacement (LUD)

uterine displacement (LUD) should be

provided continuously throughout the

resuscitation effort or until the infant is

delivered, even if ROSC is achieved.

needed to provide the necessary

When you see a visibly pregnant

In most cases, two hands are

abdomen (about 20 weeks), left

Breathing

Pulse present

Start CPR

- Cycles of 30 compressions and 2 ventilations
- Perform continuous LUD if resources are available
- Use AED as soon as it is available
- Continue CPR until AED is ready to analyze

Not breathing (or ineffective ventilation)

Pulse present

Respiratory Arrest

- Deliver 1 ventilation every 6 sec
- Continue to check breathing and pulse every 2 min; if pulse becomes absent, start CPR
- Reassess patient, recognize issues and provide care as needed
- Perform continuous LUD if resources are available

Shockable rhythm?

NO



- From the patient's left side, reach across the patient, place both hands on the right side of the uterus, and
 - pull the uterus to the left and

displacement.

- From the patient's right side, place the right side of the uterus and push the uterus to the left and up (Fig. 2).
- up (Fig. 1). both hands on
- Resume CPR immediately for about 2 min or until the AED is ready to analyze
- Continue cycles of CPR/AED until:
 - You see signs of ROSC
 - Other responders arrive and relieve you
 - · You are too exhausted to continue
 - The situation becomes unsafe

Goals of Care

- Focus on maternal resuscitation
- Early transport as opposed to care on the scene of arrest (for OHCA)
- High-quality CPR with optimal ventilatory support
- If an advanced airway is in place, deliver 1 ventilation every 6 sec with continuous chest compressions.
- Early involvement of obstetrical and neonatal teams

