



### Care Note

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

**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 resuscitation teams
  - AED
- Remove fetal monitors (if present)

**Breathing and pulse?**  
Check simultaneously for at least 5 but no more than 10 seconds

**Breathing  
Pulse present**

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

**Not breathing  
(or only gasping breaths)  
Pulse absent**

**Cardiac Arrest**

**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

**Shockable rhythm?**

**NO**

**YES**



- 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

**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

### Left Uterine Displacement (LUD)

- When you see a visibly pregnant abdomen (about 20 weeks), left uterine displacement (LUD) should be provided continuously throughout the resuscitation effort or until the infant is delivered, even if ROSC is achieved.
- In most cases, two hands are needed to provide the necessary displacement.
- 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 up (**Fig. 1**).
- From the patient's right side, place both hands on the right side of the uterus and push the uterus to the left and up (**Fig. 2**).



### 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