
seespital
Case Report: Ursula Payern, Horgen

Patient

- 36 years, 1 Para, 2 Gravida
- St.n. 16 years of sec. sterility with 8 x IFV/ICSI, actual pregnancy: Egg donation (Poland)
- Induction after premature rupture of membranes and increased inflammation parameters at 38 + 1w.
- Rupture of membranes 20h ago, 3 x Cytotec

4.18h Mobilisation to toilet, vaginal bleeding ca. 200ml
CTG: 80/min

4.20h MW: Alarm emergency CS grade 1 to obst. AA and anesthetist

2’ In the holding area: fetal HR 120, no contractions, no pain
team arriving, transfer to OP

10’ Obstetrician: no US, urgent CS, ok for spinal

15’ Spinal: 2 x p., regular preparation

24’ Start ceasarean

26’ Delivery, intense first cry, but ‘white baby’

1’ lifeless, ‘empty’ baby. CPR, alarm to the Kispi (MW), order for blood (Anae.nurse)

7’ HR 60 - 100, assisted spontaneous breathing,

14’ sO2 > 90, HR unstable 60 – 100, venflon

24’ Baby cries, looks around, 3 x 30ml O neg. + 10ml Ringer, tel. Kispi

50’ BGA kap. Hb 18.4, pH 6.75, BE -18,
30ml 0 neg + 20ml Ringer → ‘normal skin’.

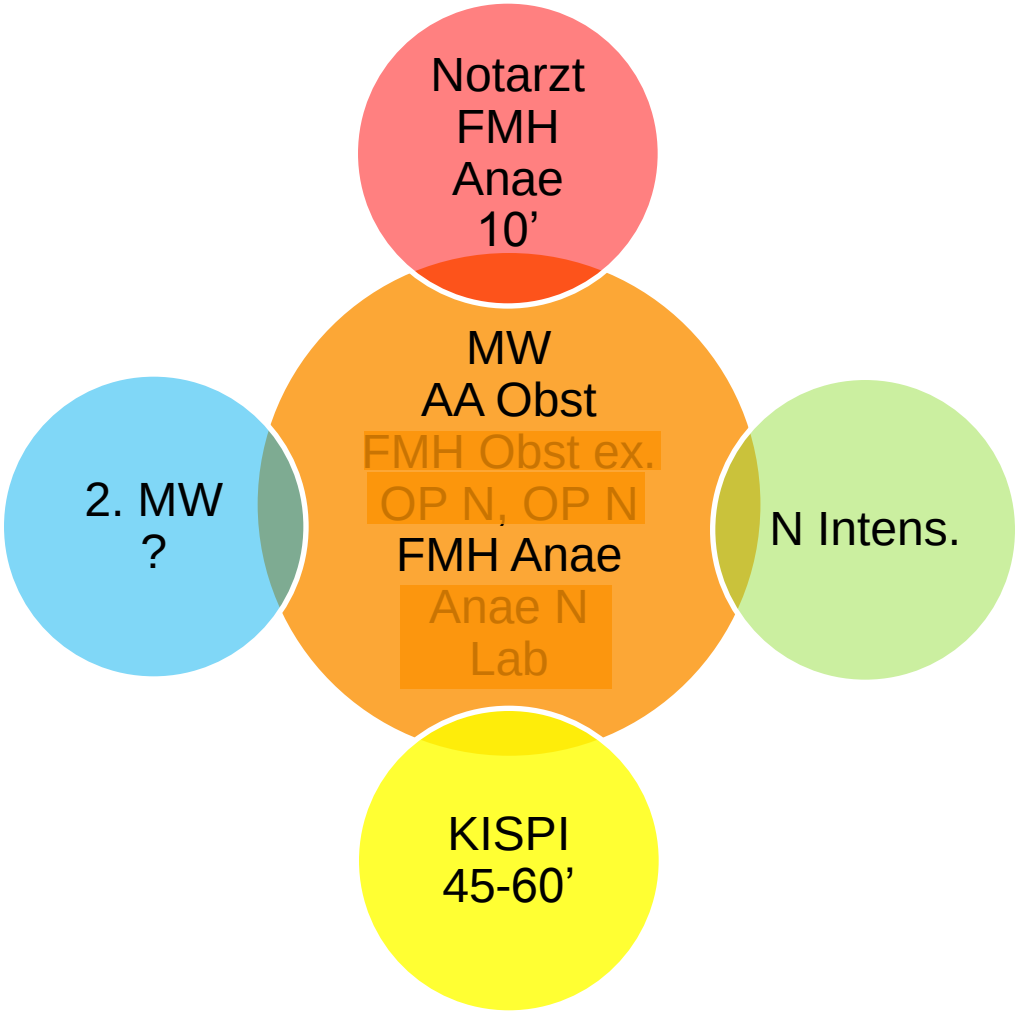
1h Kispi arrives, ITN, monitoring, BGA, …

2h Transport to Kispi

Case Report: Placental Abruption

1. Resources, Decisions
2. Prenatal Vaginal Bleeding
3. Neonatal Transfusion

1. Resources, Decisions



1. Resources, Decisions

MW: No time for hierarchy

4.18h Mobilisation to toilet, vaginal bleeding ca. 200ml
CTG: 80/min

4.20h Alarm emergency CS grade 1 to obst. AA and anesthesist

Basic clinics
'intuition'

2' In the holding area: fetal HR 120, no contractions, no pain, skin warm and dry.
Team arriving, transfer to OP

10' Obstetrician: no US, urgent CS, ok for spinal

15' Spinal: 2 x p., regular preparation

24' Start ceasarean

Routine ↔ Algorithm
No 2nd Anaesthesist

Basic Clinics changed Algorithm

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Routine ↔ Algorithm Skills

50’ BGA kap. Hb 18.4, pH 6.75, BE -18, 30ml 0 neg + 20ml Ringer → ‘normal skin’

1h Kispi arrives, ITN, monitoring, BGA, …

2h Transport to Kispi

Hierarchy Problem?

1. Resources – Decisions

- Basic clinical skills & routine - keep it simple
- Algorithms
- Open minded for individual situations & resources
- Input from intuition
- Flat hierachy, good & flexible teamwork
- Good luck
- Stay 1 step ahead – keep a reserve

2. Prenatal Vaginal Bleeding

- Bloody mucus (‘show’)
- Placental Abruption
- Placenta Praevia / Vasa Praevia
- Insertio Velamentosa
- Uterine Rupture

➢ DD difficult, sometimes US, often postpartum

➢ Therapeutic guidance by CTG:
expectative vaginal birth ↔ emergency CS

Placental Abruption: Risk Factors

- Hypertension
- Preeclampsia
- Coagulation Disorders
- Twin Pregnancy
- Trauma
- Acute intrauterine volume change; rupture of membranes
- Placental Abruption in previous pregnancy
- Cocain
- Multiple IVF?

Placental Abruption: Varied Clinic

- Vaginal Bleeding
- Continuous Contraction
- Acute Abdomen
- Fetal Bradycardia
- Shock, consumption coagulopathy
- 0.4 – 1.3% of all births, 30% of perinatal hemorrhages

3. Neonatal Transfusion

- Often difficult to type

- Warm 0 neg.


Happy End