Southern Health Santé Sud

Intrauterine Resuscitation Techniques

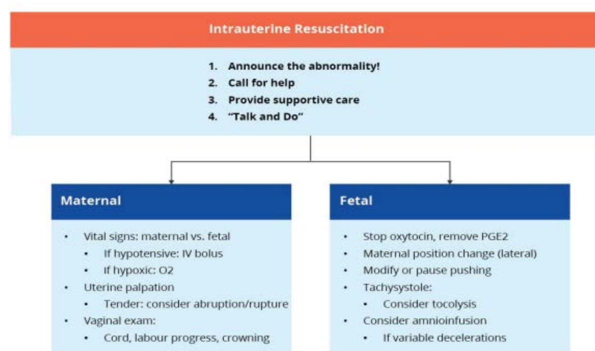
The goal of intrauterine resuscitation is to improve maternal/fetal oxygenation by improving uterine blood flow, placental perfusion and umbilical circulation.

Procedure:

1. Immediately stop Oxytocin infusion or discontinue induction agent.
2. Call for assistance, and begin intrauterine resuscitation, ensure continuous EFM.
3. Immediately notify the PCP and Charge Nurse.
4. Check client's vital signs including differentiation of MHR and FHR.
5. Change client's position - try upright, all fours, right or left lateral.
6. Perform vaginal exam to assess progress, and diagnose/manage cord prolapse, if present.
7. Provide supportive care to client
8. Ensure IV access.
   ***An intravenous bolus should be used only in the event of client hypovolemia or hypotension.**
9. Asses client's oxygenation status. **If** hypoxic, consider oxygen administration.
   ***Oxygen is used for the resuscitation of the pregnant client, not for fetal resuscitation.**
10. The PCP will review the overall clinical situation, further orders may include:
    - Performing scalp lactate (if appropriate)
    - Modify or pause pushing efforts in the active second stage of labour
    - Administering a tocolytic agent – see note
    - Preparing patient for an emergency caesarean section

Dore, S & Ehman, W. (2020)

Intrauterine Resuscitation Algorithm



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Note – the evidence for the safety and effectiveness of Nitroglycerin remains inconclusive. Robinson, d. et al, 2023, discusses that "IV Nitroglycerin is frequently administered in an attempt to relax the uterus and cervix, though there are no studies to support this practice". IV Nitroglycerin may cause profound hypotension and cardiovascular monitoring is necessary. MoreOB Induction of Labour further states that sublingual nitroglycerin does not work effectively and will give the patient a headache.