## Cardiac Arrest in Pregnancy In-Hospital ACLS Algorithm

### Continue BLS/ACLS High-quality CPR Defibrillation when indicated Other ACLS interventions (eg, epinephrine) Assemble maternal cardiac arrest team Consider etiology of arrest Perform maternal Perform obstetric interventions interventions • Provide Perform airway continuous management Administer 100% lateral uterine displacement O<sub>2</sub>, avoid excess ventilation Detach fetal Place IV above monitors · Prepare for diaphragm If receiving IV perimortem cesarean delivery magnesium, stop and give calcium chloride or gluconate Perform perimortem cesarean delivery **Continue BLS/**

**ACLS** 

High-quality CPR

indicated

· Other ACLS

interventions

(eg, epinephrine)

· Defibrillation when

• If no ROSC in 5

immediate

perimortem

minutes, consider

cesarean delivery

Neonatal team to

receive neonate

# Maternal Cardiac Arrest

- Team planning should be done in collaboration with the obstetric, neonatal, emergency, anesthesiology, intensive care, and cardiac arrest services.
- Priorities for pregnant women in cardiac arrest should include provision of high-quality CPR and relief of aortocaval compression with lateral uterine displacement.
- The goal of perimortem cesarean delivery is to improve maternal and fetal outcomes.
- Ideally, perform perimortem cesarean delivery in 5 minutes, depending on provider resources and skill sets.

### Advanced Airway

- In pregnancy, a difficult airway is common. Use the most experienced provider.
- Provide endotracheal intubation or supraglottic advanced airway.
- Perform waveform capnography or capnometry to confirm and monitor ET tube placement.
- Once advanced airway is in place, give 1 breath every 6 seconds (10 breaths/ min) with continuous chest compressions.

### Potential Etiology of Maternal Cardiac Arrest

- A Anesthetic complications
- **B** Bleeding
- C Cardiovascular
- **D** Drugs
- E Embolic F Fever
- G General nonobstetric causes of cardiac arrest
- (H's and T's) **H** Hypertension