Case based discussion

Advanced Labour Ward Practice ATSM

Case: Uterine Rupture

Background

Aetiology

- Uncommon 0.05% all pregnancies
- Dehiscence (window) vs rupture
- Antenatal vs intrapartum
- Role of Classical CS in risk
- Role of increasing section rate in risk
- Role of syntocinon in risk
- Role of parity: tendency for smaller families in UK so reduced incidence
- Discussion of risk in Worldwide (access to care; obstructed labour)
- Previously scarred uterus (CS or myomectomy) or intact

Diagnosis: high index of suspicion

- FH pattern
- Abdo palpation: Bandl’s ring
- Pain/tenderness (despite epidural)
- Vaginal bleeding
- Haematuria
- Palpable fetal parts per abdo
- Sudden cessation of uterine activity
- Presenting part moving to a higher station

Discussion for management strategy

- Emergency laparotomy – low threshold if suspected
- Deliver fetus and repair defect if possible
- Early recourse to hysterectomy

- Counsel re future pregnancies: elective CS at 37-38 weeks'
- Increased risk if upper segment involved
- Consider sterilisation if extensive damage