UTERINE RUPTURE

DEFINITION

Uterine rupture
- Separation of uterine muscle requiring operative intervention or is symptomatic. Involves full thickness of the uterine wall
- Uterine rupture is most often seen in women with a scarred uterus (usually from a previous caesarean section)
- Uterine rupture can occur in women who have not had uterine surgery

Dehiscence
- Scar starts to separate, but mother and baby are not affected. No symptoms are evident. Dehiscence is noted at repeat caesarean section

True uterine rupture
- Symptomatic causing fetal distress and maternal shock. Can be a life-threatening emergency
- Risk for women who labour with a scarred uterus is 35 per 10,000. Risk is further increased by use of oxytocin and more so with prostaglandins

RECOGNITION AND ASSESSMENT
- If any of the following occur in a woman with a scarred uterus, call obstetric registrar or consultant obstetrician to review woman urgently

Symptoms and signs of scar rupture
- Severe abdominal pain especially if between contractions
- Chest or shoulder tip pain or sudden onset of shortness of breath
- Acute onset of scar tenderness
- Vaginal bleeding or haematuria
- Cessation of previously efficient uterine activity
- Maternal tachycardia, hypertension or shock
- Loss of station of presenting part
- Abnormal electronic fetal monitoring (EFM) trace

IMMEDIATE MANAGEMENT

Scar rupture suspected

General
- Ensure maternal resuscitation is managed effectively
- Stop oxytocin if in progress
- Administer oxygen at maximum flow
- Crossmatch four units of blood urgently
- Insert a second large bore, cannula
- Assist mother into left lateral position with tilt
- Inform consultant obstetrician
- Call anaesthetist and theatre team urgently
- Anticipate a sick baby and call neonatal crash team, which must include a senior clinician

Specific treatment
- If woman fully dilated, perform vaginal instrumental delivery immediately
- If not favourable for instrumental delivery, obtain informed consent for laparotomy and possible hysterectomy and perform a grade 1 emergency caesarean section – see Caesarean section guideline
- See Postpartum haemorrhage guideline
SUBSEQUENT MANAGEMENT

- Following delivery, provide mother with high dependency care – see [High dependency care guideline](#).

**Scar rupture confirmed** (not simple dehiscence)
- Call consultant obstetrician and consultant anaesthetist
- It may be possible to repair uterus. Hysterectomy or subtotal hysterectomy may be required
- Method of repair depends on nature of tear, degree of haemorrhage and woman’s future fertility wishes
- Give broad spectrum IV antibiotics – according to local Trust policy

**Communication**
- Explain events fully to woman and relatives including implications for future pregnancies
- Report clinical incident using local incident reporting system