



INTRAUTERINE RESUSCITATION



Intrauterine resuscitation encompasses a set of medical interventions performed during labor to improve oxygen delivery, optimize fetal well-being and prevent fetal compromise. It is typically required when there are signs of fetal distress or insufficient oxygenation during labor. It may also be indicated for abnormal fetal heart rate (decelerations), prolonged labor, and umbilical cord complications.

4 primary types of intrauterine resuscitation

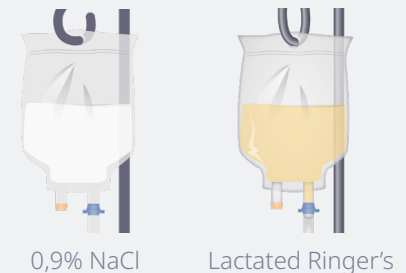
1. Tocolytic therapy

- Therapy: administering medications such as terbutaline or magnesium sulfate to suppress uterine contractions
- Fetal effects: Tocolytic therapy can reduce uterine activity, alleviating pressure on the placenta and umbilical cord.



2. Intravenous fluid administration

- Therapy: administering intravenous (crystalloids) fluids to maintain maternal hydration and blood pressure
- Fetal effects: Adequate maternal hydration supports placental perfusion, ensuring optimal oxygen and nutrient delivery to the fetus.



3. Maternal position changes

- Therapy: changing the mother's position to left-lateral
- Fetal effects: Altering maternal positioning can relieve pressure on the umbilical cord or improve blood flow to the placenta, enhancing fetal oxygenation.



4. Maternal oxygen administration

- Therapy: providing 10L+ supplemental oxygen to the mother via a non-rebreather mask
- Fetal effects: Increased maternal oxygen levels improve oxygen delivery to the placenta, enhancing fetal oxygenation and reducing the risk of hypoxia.

