



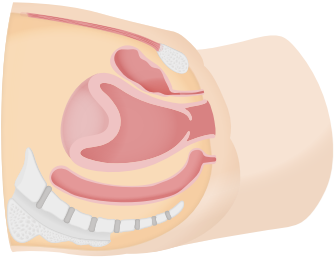
UTERINE INVERSION



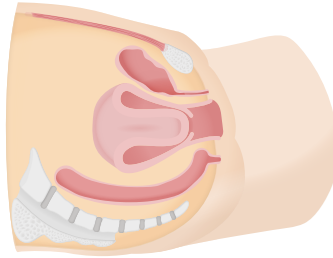
Uterine inversion is an emergency condition in which the uterus turns inside out. It most often occurs in the first 24 hours following childbirth. It is a rare complication, but requires immediate treatment.

Degrees of uterine inversion from incomplete to complete

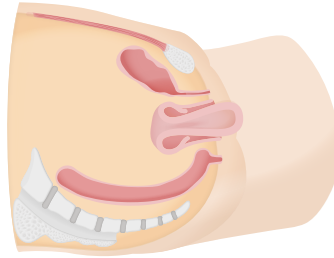
1st degree



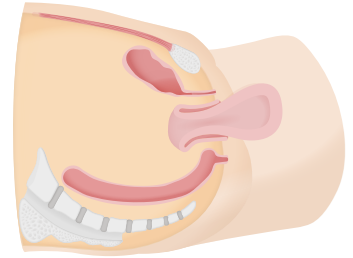
2nd degree



3rd degree



4th degree



Risk factors

- Retained placenta
- Vigorous uterine massage without stabilization
- Excessive cord traction
- Short umbilical cord
- Rapid or prolonged labor
- Medications that relax uterus
- Abnormal placental implantation

Clinical features

- Unable to palpate uterus
- Pressure in vagina
- Visualization of the uterus
- Signs of shock: low BP, dizziness, rapid heart rate

Complications

- Severe hemorrhage
- Shock
- Tissue necrosis
- Maternal death

Nursing care

- Notify the provider.
- Stop oxytocin if infusing.
- Insert an indwelling catheter.
- Start an IV.
- Prepare to assist with uterine replacement.
- Notify anesthesia.
- Draw labs if requested.

Client education



With prompt treatment, long-term complications are rare.



Future providers should be notified of client history of uterine inversion.



Advise client that recurrence is possible in future pregnancies.