

UTERINE RUPTURE



Uterine rupture is the tearing of the uterus. It can be complete (rupture extends through entire uterine wall and uterine contents spill into the abdominal cavity) or incomplete (rupture extends through the endometrium and myometrium, but the peritoneum surrounding the uterus remains intact).

Signs/symptoms

- Sudden severe pain or tearing sensation
- Abrupt change in fetal heart sounds
- Shock and/or hemorrhage

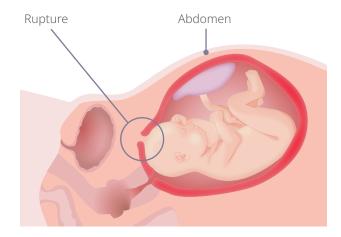
Risk factors

- Previous uterine surgery
- VBAC
- Grand multiparity
- Improper use of oxytocic agents

Education

- Early signs and symptoms of rupture and when to seek medical attention
- High-risk women should reside near their delivery hospital.
- Differences of abnormal vs normal discharge

Uterine rupture



Pre-rupture

Nursing assessment

- Recognize signs of impending rupture, immediately notify the physician, and call for assistance.
- Continuously monitor the fetal heart rate.
- Monitor maternal vitals and urine output.
- Assess for signs of shock and altered mental status.
- Assess the uterus.

Nursing interventions

- Facilitate rapid transfer of patient to OR for emergency C-section.
- Establish large-bore IV access to provide fluids, blood products, and medications as needed to address hypovolemia and shock.
- Administer oxygen (non-rebreather mask) and maintain a patent airway.
- Administer crystalloid and blood products to restore intravascular volume and maintain blood pressure to manage hemorrhage.
- Complete laboratory studies including type/cross.

Post-treatment

Nursing assessment

- Monitor vital signs and assess for changes in client's condition.
- Closely monitor newborn and be prepared for potential resuscitation measures.
- · Assess lochia and the amount of discharge.
- · Assess psychological/emotional state.
- Monitor intake and output, fluid status, and labs.
- Assess surgical incision C-section.

Nursing interventions

- Provide support for the client's partner and family members.
- Control the pain with NSAIDs or narcotic analgesics.
- Offer specialized counseling to assist parents in coping with altered birth plan and/or fetal demise.



Scant: 1–2 inch stain (2–5 cm)



Moderate: 4–6 inch stain (10–15 cm)



Light: 4 inch stain (10 cm)



Heavy: saturated in 1 hour