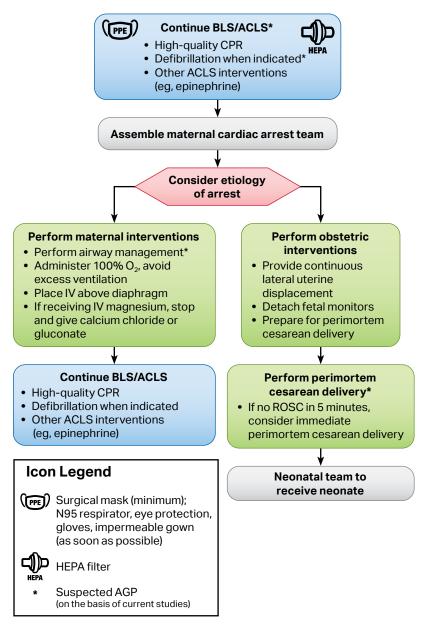
Cardiac Arrest in Pregnancy In-Hospital ACLS Algorithm for Patients With Suspected or Confirmed COVID-19



Abbreviations: ACLS, advanced cardiovascular life support; AGP, aerosolgenerating procedure; BLS, basic life support; CPR, cardiopulmonary resuscitation; ET, endotracheal; HEPA, high-efficiency particulate air; IV, intravenous; PPE, personal protective equipment; ROSC, return of spontaneous circulation.

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Maternal Cardiac Arrest

- Team planning should be done in collaboration with the obstetric, neonatal, emergency, anesthesiology, intensive care, and cardiac arrest services.
- Priorities for pregnant women in cardiac arrest should include provision of high-quality CPR and relief of aortocaval compression with lateral uterine displacement.
- The goal of perimortem cesarean delivery is to improve maternal and fetal outcomes.
- Ideally, perform perimortem cesarean delivery* in 5 minutes, depending on provider resources and skill sets.

Advanced Airway

- Rapidly apply PPE before AGPs.
- In pregnancy, a difficult airway is common. Use the most experienced provider.
- Provide endotracheal intubation or supraglottic advanced airway.
- Perform waveform capnography or capnometry to confirm and monitor ET tube placement.
- For all ventilation, use a HEPA filter.
- Once advanced airway is in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.

Potential Etiology of Maternal Cardiac Arrest

A Anesthetic complications

- B Bleeding
- C Cardiovascular
- D Drugs
- E Embolic
- F Fever
- G General nonobstetric causes of
- cardiac arrest (H's and T's) H Hypertension