Cardiac Arrest in Pregnancy In-Hospital ACLS Algorithm

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
- 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.
- 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

Continue BLS/ACLS
- High-quality CPR
- Defibrillation when indicated
- Other ACLS interventions (eg, epinephrine)

Assemble maternal cardiac arrest team

Consider etiology of arrest

Perform maternal interventions
- Perform airway management
- Administer 100% O₂, avoid excess ventilation
- Place IV above diaphragm
- If receiving IV magnesium, stop and give calcium chloride or gluconate

Perform obstetric interventions
- Provide continuous lateral uterine displacement
- Detach fetal monitors
- Prepare for perimortem cesarean delivery

Perform perimortem cesarean delivery
- If no ROSC in 5 minutes, consider immediate perimortem cesarean delivery

Continue BLS/ACLS
- High-quality CPR
- Defibrillation when indicated
- Other ACLS interventions (eg, epinephrine)

Perform perimortem cesarean delivery
- If no ROSC in 5 minutes, consider immediate perimortem cesarean delivery

Neonatal team to receive neonate

© 2020 American Heart Association