	D08.2 - UTERINE INVERSION		
	Version date: 2025-04-15	Effective date: 2025-04-30 (0700)	
PCP = PCP - ACP	ICP = ICP & ACP	ACP = ACP only	None = EMR - ACP

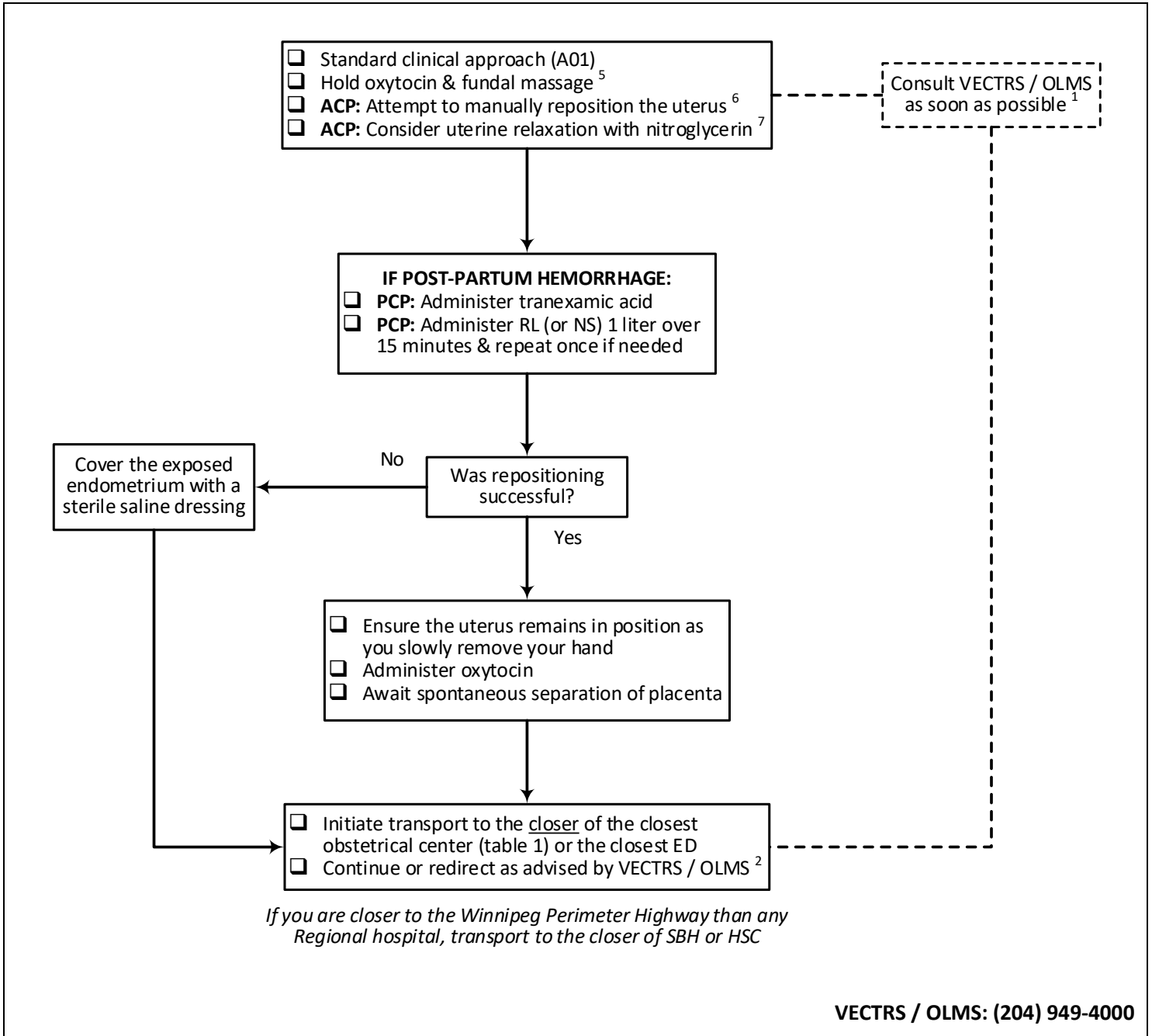


TABLE 1: OBSTETRICAL FACILITIES IN OR NEAR MANITOBA

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|---|---|
| <ul style="list-style-type: none"> • Bethesda Regional Health Centre (Steinbach) • Boundary Trails Health Centre (Winkler) • Brandon Regional Hospital • Dauphin Regional Health Centre • Health Sciences Centre (Winnipeg) • Lake of the Woods District Hospital (Kenora, ON) * • Neepawa Health Centre | <ul style="list-style-type: none"> • Portage District General Hospital (Portage La Prairie) • Selkirk Regional Health Centre (Selkirk) • St. Anthony's General Hospital (The Pas) • St. Boniface Hospital (Winnipeg) • Thompson General Hospital • Yorkton Regional Health Centre (Yorkton, SK) * |
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() Where indicated call ahead to confirm that normal obstetrical services are currently available*

INDICATIONS

- Uterine inversion

WARNINGS

- Not applicable

NOTES

1. Uterine inversion is a rare (less than 1 in 10,000 births) but life-threatening condition where the uterine fundus collapses into the vagina after delivery. Maternal death from exsanguinating hemorrhage can occur.
Scene time should be kept to a minimum. Call the Virtual Emergency Care & Transport Resource Service (VECTRS) and consult on-line medical support (OMS) as soon as possible for clinical and destination decision support. VECTRS / OLMS can access the on-call transport obstetrician and the Child Health Transport Team (CHTT) if necessary.
2. Depending on your location, transport time, and resources available at the closest destination, VECTRS / OLMS may direct you to an alternative destination so it is imperative to call as soon as you can.
3. Risk factors include fundal placental implantation, retained placenta, uterine atony after delivery, preeclampsia, and excessive umbilical cord traction.
4. Excessive vaginal bleeding and undue lower abdominal pain after delivery may be clues to inversion. Diagnostic suspicion is heightened when the uterine fundus cannot be palpated on abdominal examination in its' usual postpartum position.

With a third-degree or fourth-degree inversion (figure 1), there will be a round bleeding mass protruding out when the uterus prolapses into or through the vagina. With a first-degree or second-degree inversion (figure 2), however, the fundus will be contained within the endometrial cavity or vagina, and may not be visible on external examination.

A large prolapsed uterine fibroid may be sometimes be confused with inversion. These too can bleed quite significantly. However, the uterine fundus will likely be palpable in its normal postpartum position with the fibroid.
5. Uterine inversion must be excluded with postpartum hemorrhage. Oxytocin administration and fundal massage are both contraindicated until the uterus is correctly repositioned.

Because the invaginated fundus cannot contract normally, and the submucosal blood vessels are stretched and cannot constrict properly, excessive bleeding often occurs. Removing the placenta before the uterus has been replaced increases bleeding. After the uterus is back in place, the best approach is to await spontaneous separation of the placenta (manual removal should be deferred to obstetrical expertise).

6. Immediately attempt to manually reposition the uterus. This should be performed before the lower uterus and cervix contract which will make replacement more difficult.

This will be extremely painful for the patient. Consider the judicious use of fentanyl, if time and the patient's hemodynamics allow.

Bleeding may increase during repositioning. After repositioning, this should be managed as per the post-partum hemorrhage care map.

7. Administration of a uterine relaxant may facilitate replacement. Nitroglycerin is the preferred choice because it has a more rapid onset of action than magnesium sulfate. Both may affect blood pressure in the patient compensating for significant blood loss.

LINKS

- A01 - Standard Clinical Approach
- D08.1 - Postpartum Hemorrhage
- M03.2 - Fentanyl
- M16 - Oxytocin
- M21 - Nitroglycerin
- M24 - Magnesium Sulfate
- P03.2 - Uterine Repositioning

APPROVED BY



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VERSION CHANGES (refer to X04 for change tracking)

- New

