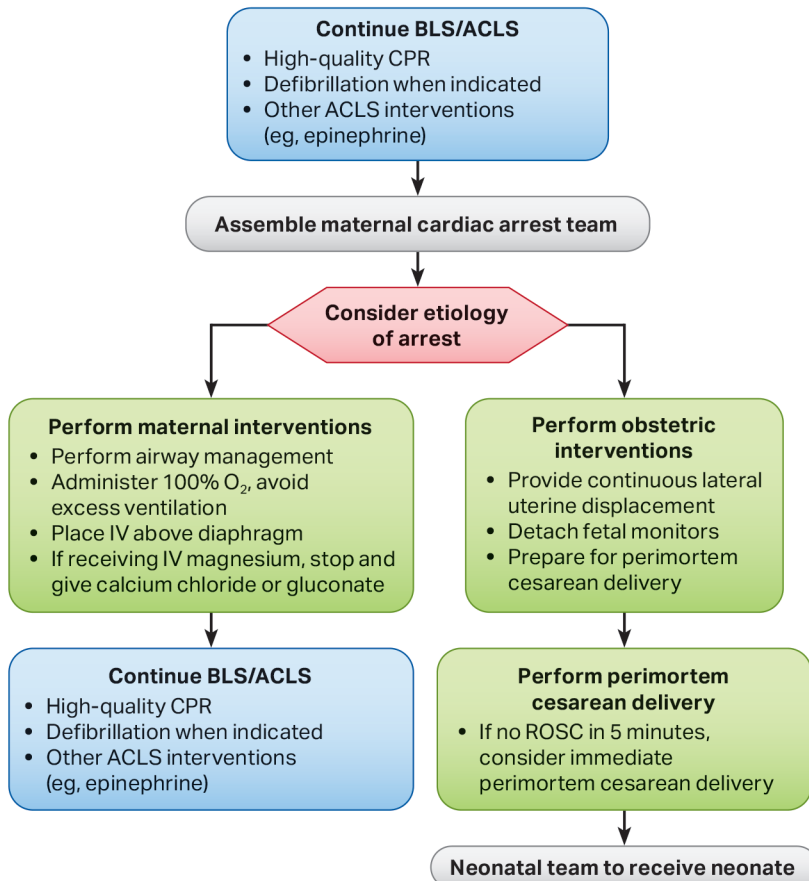


**Figure 9. Cardiac Arrest in Pregnancy In-Hospital ACLS Algorithm.**



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| <p><b>Maternal Cardiac Arrest</b></p> <ul style="list-style-type: none"> <li>• Team planning should be done in collaboration with the obstetric, neonatal, emergency, anesthesiology, intensive care, and cardiac arrest services.</li> <li>• Priorities for pregnant women in cardiac arrest should include provision of high-quality CPR and relief of aortocaval compression with lateral uterine displacement.</li> <li>• The goal of perimortem cesarean delivery is to improve maternal and fetal outcomes.</li> <li>• Ideally, perform perimortem cesarean delivery in 5 minutes, depending on provider resources and skill sets.</li> </ul> |
| <p><b>Advanced Airway</b></p> <ul style="list-style-type: none"> <li>• In pregnancy, a difficult airway is common. Use the most experienced provider.</li> <li>• Provide endotracheal intubation or supraglottic advanced airway.</li> <li>• Perform waveform capnography or capnometry to confirm and monitor ET tube placement.</li> <li>• Once advanced airway is in place, give 1 breath every 6 seconds (10 breaths/min) with continuous chest compressions.</li> </ul>  |
| <p><b>Potential Etiology of Maternal Cardiac Arrest</b></p> <ul style="list-style-type: none"> <li><b>A</b> Anesthetic complications</li> <li><b>B</b> Bleeding</li> <li><b>C</b> Cardiovascular</li> <li><b>D</b> Drugs</li> <li><b>E</b> Embolic</li> <li><b>F</b> Fever</li> <li><b>G</b> General nonobstetric causes of cardiac arrest (H's and T's)</li> <li><b>H</b> Hypertension</li> </ul>  |

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