DO NOT FORGET · THE SHORT CHECKLIST

Resuscitative hysterotomy (perimortem caesarean) in maternal cardiac arrest



Emergency delivery of the fetus by caesarean section at the site of a maternal cardiac arrest, performed to relieve aortocaval compression and improve the chance of maternal return of spontaneous circulation.

EM Orbit

Patient reference	Date	Time	Completed by

The 5 steps that must not be missed

- [ ] BEFORE
Defibrillate shockable rhythms as normal. Do not delay defibrillation because of pregnancy or because of preparation for hysterotomy.

- [ ] BEFORE
Perform the procedure where the arrest is happening. Do not move the patient to theatre or another area.
Moving the patient interrupts compressions and wastes critical minutes.

- [ ] BEFORE
Do not wait for the obstetric or neonatal team, theatre staff or specialist instruments before starting.

- [ ] BEFORE
Do not stop chest compressions or manual left uterine displacement while preparing or performing the incision, unless the operator needs a brief pause for a critical step.

- [ ] DURING
Do not stop resuscitation because the baby has been delivered. The maternal arrest continues until circulation returns or a senior clinician stops the attempt.

The short list: an aid to memory, not the whole procedure. The full checklist is at the QR code. It does not replace your local protocol or your clinical judgement.