A TICKING TIMEBOMB – EMERGENCY DELIVERY OF AN EXPECTANTLY MANAGED CAESAREAN SCAR ECTOPIC PREGNANCY BY A RURAL MATERNITY SERVICE

RANZCOG Regional SYMPOSIUM 2026 Swan Valley

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Background

Caesarean scar ectopic pregnancy (CSEP) is associated with significant maternal and fetal morbidity, including miscarriage, severe haemorrhage, preterm birth, placenta accreta spectrum (PAS), uterine rupture, and hysterectomy.[1,2] Consequently, few pregnancies are managed beyond the first trimester.[2] In the rare circumstance where expectant management is pursued, meticulous multidisciplinary planning, close surveillance, and early recognition of complications are essential to optimise outcomes. Planned delivery by caesarean hysterectomy in a tertiary centre is generally recommended. [1-3]

Aims

To describe the emergency management of an expectantly managed CSEP in a rural maternity service and highlight the multidisciplinary decision-making required when tertiary transfer is no longer feasible.

Case

A 35-year-old G7P5-1 woman at 29+3 weeks' gestation presented to a level three maternity service with severe acute abdominal pain. The pregnancy was a CSEP planned for caesarean hysterectomy at 37 weeks in a tertiary centre.

CSEP management: Referred to tertiary centre for USS surveillance of PAS and management, discussion regarding risks of expectant management, early high-risk antenatal clinic input.

O&G Hx: G7P5M1 - 1 prior SVD, 4 prior caesarean sections with most recent complicated by serosal injury of bowel, hx of pre eclampsia and gestational diabetes

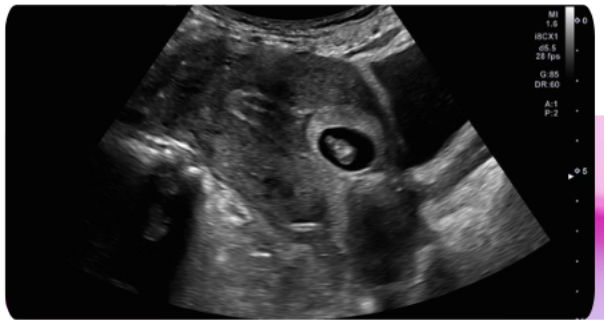
PMHx: BMI 35, current smoker

Examination Findings: Markedly tender abdomen, clinically suspicious for abruption

Bedside USS was unable to rule out abruption

CTG: Fetal bradycardia with poor trace

Following multidisciplinary discussion between rural obstetric, retrieval, and neonatal teams, urgent local caesarean section was performed.



First Trimester USS at 7 weeks Gestation

Single gestation noted at the level of the caesarean scar, with thinning of the myometrium at this site. FHR 144bpm

Results

Intraoperative Findings

- Intact uterus
- Blood-stained liquor indicating abruption
- Adherent placenta removed in fragments
- Haemostasis achieved without hysterectomy
- Estimated blood loss: 400ml intraop + 800ml in recovery - given 2 units PRBC
- Live infant of good condition born and stablised with neoresus

The skills required to perform complex emergency hysterectomy were limited and as bleeding was controlled post placental delivery, the decision was made for transfer with uterus preserved.

Outcomes: The patient was transferred to a tertiary center for management. Despite initial PV bleeding and haematuria, imaging identified no retained products and no visercal injury. The patient was discharged 5 days post caesarean section with no further surgical intervention

Discussion

This case highlights the importance of rapid multidisciplinary decision-making and the capacity of rural maternity services to manage complex obstetric emergencies when transfer is not feasible. Collaboration between rural, tertiary, retrieval, and neonatal teams enabled timely delivery while balancing maternal and fetal risks. It also documents a rare case of unexpected uterine preservation during emergency management of CSEP, however, long-term outcomes remain unknown.

References

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