

# PRONING IN PREGNANCY

## Step One: Prepare

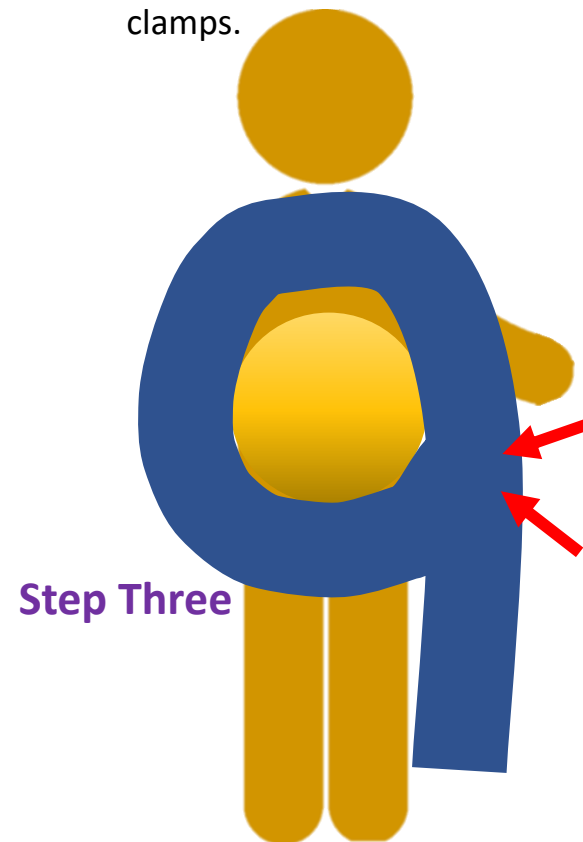
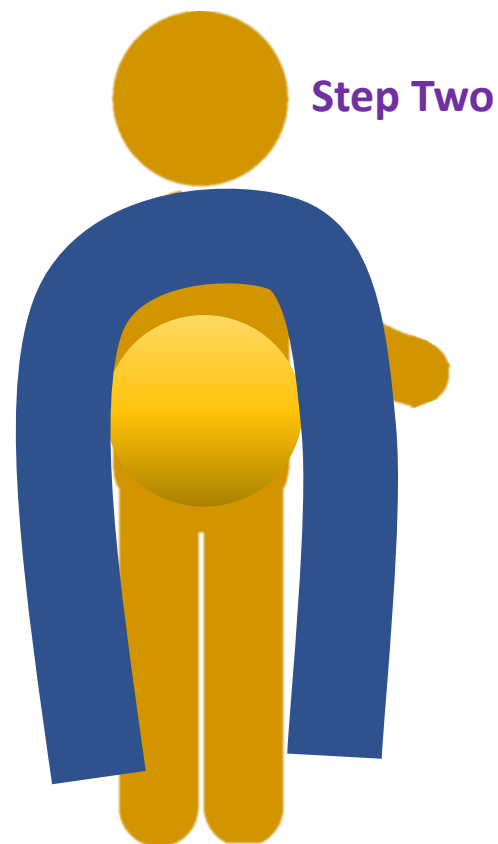
- Continue with usual proning protocol.
- Temporarily disconnect non-essential infusions (e.g. feeds, TKO).
- Move all lines inserted above the waist to head of bed. Move all lines below the waist to the foot of the bed (e.g chest tubes, femoral lines). This “BBQ spit” technique minimizes tangling (for all patients) and allows for turning toward ventilator regardless of femoral lines.
- Ensure skill set available to manage a pregnant airway in the event of tube displacement. Airway risk increases with prolonged/frequent proning.
- Obtain foam ETT positioning wedge
- Close patient’s eyes with Eyeguard



Located middle row, left hand cart in Bay 3

## Step Two: Position Pillow

- Place pillow directly against patient’s skin to reduce slip (single patient use)
- Position the bottom of the “U” across the upper chest to ensure good lift of the shoulders off the bed.
- Run both open ends of the pillow straight down along the patient’s side
- Take one side and position it across the lower abdomen, cradling the belly and creating a donut (big 9)
- Using two Kelly clamps, clip the fabric of the two limbs together to keep the circle together (red arrows). Make sure the patient does not lay on the clamps.



## Step Three: The Turn

- In order to ensure the pillow stays in place during the turn, the “jelly roll” will need to be extremely tight.
- Move supine patient away from the ventilator first as per usual, but pause before side turn to ensure jelly roll remains tight throughout the turn
- Evaluate any vascular devices carefully and ensure alarms are on to promptly detect disconnection – a lot of blood could be absorbed into pillow before detection.