Figure 6. Cardiac arrest in pregnancy out-of-hospital basic life support (BLS) algorithm for healthcare providers. AED indicates automated external defibrillator; CPR, cardiopulmonary resuscitation; EMS, emergency medical services; and LUD, left uterine displacement.

* Chest compressions in pregnancy:
  - Use a firm backboard
  - Place patient supine
  - Place hands in center of chest (as in the nonpregnant patient)
  - Compress at a rate of at least 100/min
  - Compress at a depth of at least 2 inches (5 cm)
  - Perishock pause <10 seconds
  - Allow complete chest recoil after each compression
  - Minimize interruptions
  - Perform continuous manual LUD if rescuer is available

† Appropriate airway management for pregnancy:
  - Open airway by using head tilt–chin lift maneuver (if not a trauma victim)
  - Administer 100% O₂ at ≥15 L/min
  - When available, perform bag-mask ventilation
    - Seal mask, ensure no leak around mask; 2-handed technique preferred
    - Deliver each rescue breath over 1 second
    - Give 2 breaths for every 30 compressions
    - Give sufficient tidal volume to produce visible chest rise or fog within face mask. If not seen, reopen airway and improve seal. Consider using oral airway.
    - Avoid excessive ventilation