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Cardiopulmonary life support for pregnant patient

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The prevalence of cardiac arrest in pregnant women varies from 1/20,000 to 1/50,000 pregnancies. Hemorrhage, cardiac disorders, amniotic fluid and thromboembolism, sepsis are common causes of arrest. Treatment is challenging and special as it involves two patients, the mother and the fetus. Increased susceptibility in mother is due to physiological changes during pregnancy. Mother poorly tolerates hypoxia as there are changes in airway and increase in oxygen requirement. Basic and advanced cardiac life support algorithms should be implemented; however, the physiologic and anatomic changes of pregnancy require some modifications to these protocols. Early endotracheal intubation by an expert, left lateral tilt, perimortem caesarian section within 5 minutes after detection of

arrest are necessary. Intra myometrial administration of 10 units oxytocin is an effective alternative to intravenous infusion. Which can produce significant cardiovascular collapse. An emergency cesarean delivery kit should be a part of emergency cart in labor room and obstetric ICU. Simultaneously, factors contributing to cardiac arrest should be treated promptly. Consideration of cardiopulmonary bypass can help for amniotic fluid embolism. By saving life of mother, life of neonate can also be saved. Teamwork of obstetrician, Anesthesiologist, neonatologist, cardiologist and sometimes cardiothoracic surgeon is key to success. Cardiac arrest is preventable in at least 50% patients, if the clinical problem is treated in time.

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