Maternal Critical Care

A Multidisciplinary Approach
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Marc Van de Velde
Professor of Anaesthesiology and Chair of the Department of Anaesthesiology, Catholic University of Leuven and University Hospitals Leuven, Leuven, Belgium

Helen Scholefield
Consultant Obstetrician and Lead Obstetrician for Critical Care and Clinical Governance, Liverpool Women’s Hospital, Liverpool, UK

Lauren A. Plante
Director of Maternal—Fetal Medicine and Associate Professor, Departments of Obstetrics & Gynecology and of Anesthesiology, Drexel University College of Medicine, Philadelphia, PA, USA
For Kieran and Aislinn, who have been amazingly patient with this process even if they would, all told, have actually preferred a baby brother.

Lauren A. Plante

To my Mother and Father, who are the most fabulous parents ever. You have been instrumental in all my achievements. Thank you.

To my marvelous children Sofie, Michiel, Bas, and Ella. Thank you for being so patient throughout my work. I do it all out of love for you.

To Eva, my wonderful, patient and loving wife. Thank you for supporting me every day. You are the best. You make me happy.

Marc Van de Velde
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Contributors

Victoria M. Allen
Department of Obstetrics and Gynaecology, Dalhousie University, Halifax, NS, Canada

Frederic Amant
Division of Obstetrics and Gynaecology, University Hospital Leuven, Leuven, Belgium

Sarah Armstrong
University College London Hospital, London, UK

Thomas F. Baskett
Department of Obstetrics and Gynecology, Dalhousie University, Halifax, NS, Canada

Michael A. Belfort
Baylor College of Medicine and Texas Children’s Hospital, Department of Obstetrics & Gynecology, Division of Maternal–Fetal Medicine, Houston, TX, USA

Meredith Birsner
Department of Gynecology and Obstetrics, Division of Maternal Fetal Medicine, Johns Hopkins Hospital, Baltimore, MD, USA

Renee D. Boss
Division of Neonatology, Department of Pediatrics, Johns Hopkins School of Medicine, Berman Institute of Bioethics, Baltimore, MD, USA

Leanne Bricker
Liverpool Women’s NHS Foundation Trust, Liverpool, UK

Josaphat K. Byamugisha
Makerere University College of Health Sciences School of Medicine, Department of Obstetrics & Gynaecology, Kampala, Uganda

Giorgio Capogna
Department of Anesthesiology, Citta di Roma Hospital, Rome, Italy

Michael P. Casaer
Intensive Care Department and Burn Centre, Catholic University Hospitals Leuven, Leuven, Belgium

Frank A. Chervenak
Department of Obstetrics and Gynecology, Weill Medical College of Cornell University, New York, USA

Vicki Clark
Simpson Centre for Reproductive Health, Royal Infirmary, Edinburgh, UK

Filip Claus
Department of Radiology, Universital Hospitals Leuven, Leuven, Belgium

Malachy O. Columb
Acute Block Intensive Care Unit, University Hospital of South Manchester, Wythenshawe, UK

Charles Cox
The Royal Wolverhampton Hospitals NHS Trust, Wolverhampton, UK

Jean T. Cox
Department of Obstetrics and Gynecology, University of New Mexico School of Medicine, Albuquerque, NM, USA

Vegard Dahl
Department of Anaesthesia and Intensive Care, Baerum Hospital, Norway

John Davison
Newcastle upon Tyne Hospitals NHS Foundation Trust, Newcastle upon Tyne, UK

Jan Deprest
Department of Obstetrics and Gynecology, University Hospital Gasthuisberg and Research Unit of Fetus, Placenta, & Neonate, Academic Department of Development and Regeneration, Faculty of Medicine, KU Leuven, Leuven, Belgium
<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clifford S. Deutschman</td>
<td>Department of Anesthesiology and Critical Care, Hospital of the University of Pennsylvania, Philadelphia, PA, USA</td>
</tr>
<tr>
<td>Roland Devlieger</td>
<td>Department of Obstetrics and Gynaecology, University Hospitals Leuven, Leuven, Belgium</td>
</tr>
<tr>
<td>Karim Djekidel</td>
<td>Drexel University College of Medicine, Philadelphia, PA, USA</td>
</tr>
<tr>
<td>Steven Dymarkowski</td>
<td>University Hospitals Leuven, Leuven, Belgium</td>
</tr>
<tr>
<td>Roshan Fernando</td>
<td>University College London Hospital, London, UK</td>
</tr>
<tr>
<td>Clare Fitzpatrick</td>
<td>Liverpool Women’s NHS Foundation Trust, Liverpool, UK</td>
</tr>
<tr>
<td>Sreedhar Gaddipati</td>
<td>Department of Obstetrics &amp; Gynecology, Columbia University Medical Center, New York, USA</td>
</tr>
<tr>
<td>Thierry Girard</td>
<td>University Hospital of Basel, Basel, Switzerland</td>
</tr>
<tr>
<td>Emily Gordon</td>
<td>Department of Anesthesiology and Critical Care, Hospital of the University of Pennsylvania, Philadelphia, PA, USA</td>
</tr>
<tr>
<td>Ian A. Greer</td>
<td>Faculty of Health &amp; Life Sciences, University of Liverpool, Liverpool, UK</td>
</tr>
<tr>
<td>David Grooms</td>
<td>Department of Respiratory Therapy, Sentara Norfolk General, Leigh, &amp; Princess Anne Hospitals, VA, USA</td>
</tr>
<tr>
<td>Sina Haeri</td>
<td>Department of Obstetrics and Gynecology, Texas Children’s Hospital, Houston, TX, USA</td>
</tr>
<tr>
<td>Katy Harrison</td>
<td>Specialist Registrar in Obstetrics and Gynaecology, Bradford Royal Infirmary, Bradford, UK</td>
</tr>
<tr>
<td>Edward J. Hayes</td>
<td>Division of Perinatology, Aurora Bay Care Medical Center, Green Bay, WI, USA</td>
</tr>
<tr>
<td>Michelle Hladunewich</td>
<td>Division of Nephrology, Sunnybrook Health Sciences Centre, and Division of Nephrology, University Health Network, Toronto, ON, Canada</td>
</tr>
<tr>
<td>Andra H. James</td>
<td>Division of Maternal–Fetal Medicine, Department of Obstetrics and Gynecology, Duke University Medical Center, Durham, NC, USA</td>
</tr>
<tr>
<td>Tracey Johnston</td>
<td>Birmingham Women’s Hospital, Edgbaston, Birmingham, UK</td>
</tr>
<tr>
<td>Bellal Joseph</td>
<td>Department of Surgery, University of Arizona, Tucson, AZ, USA</td>
</tr>
<tr>
<td>Erin Keely</td>
<td>Division of Endocrinology and Metabolism, Ottawa Hospital and Departments of Medicine and Obstetrics/Gynecology, University of Ottawa, Ottawa, ON, Canada</td>
</tr>
<tr>
<td>Ruth Landau</td>
<td>Department of Anesthesiology and Pain Medicine, University of Washington Medical Center, Seattle, WA, USA</td>
</tr>
<tr>
<td>Stephen E. Lapinsky</td>
<td>Mount Sinai Hospital, University of Toronto, Toronto, ON, Canada</td>
</tr>
<tr>
<td>Susanna I. Lee</td>
<td>Department of Radiology, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA</td>
</tr>
<tr>
<td>Larry Leeman</td>
<td>Department of Family and Community Medicine and Department of Obstetrics and Gynecology, University of New Mexico School of Medicine, Albuquerque, NM, USA</td>
</tr>
<tr>
<td>Hennie Lombaard</td>
<td>Obstetrics Unit, Department of Obstetrics and Gynecology, Steve Biko Academic Hospital, University of Pretoria, Gezina, Pretoria, South Africa</td>
</tr>
<tr>
<td>Stephen Lu</td>
<td>Department of Surgery, University of New Mexico School of Medicine, Albuquerque, NM, USA</td>
</tr>
</tbody>
</table>
List of contributors

Alison MacArthur
Department of Anesthesia, Mount Sinai Hospital, University of Toronto, Toronto, ON, Canada

Laura A. Magee
Departments of Obstetrics and Gynaecology and Medicine, and the Child and Family Research Institute, University of British Columbia, Vancouver, BC, Canada

Paul E. Marik
Department of Medicine, Division of Pulmonary and Critical Care Medicine, Eastern Virginia Medical School, Norfolk, VA, USA

Laurence B. McCullough
Center for Medical Ethics and Health Policy, Baylor College of Medicine, Houston, TX, USA

Alexandre Mignon
Department Anesthesie Reanimation, Université Paris Descartes, Paris, France

Carlo Missant
Department of Anesthesiology, University Hospitals Leuven, Leuven, Belgium

Jack Moodley
University of Kwa-Zulu Natal, Durban, South Africa

Lisa E. Moore
Department of Obstetrics & Gynecology, University of New Mexico School of Medicine, Albuquerque, NM, USA

Kate Morse
Drexel University, College of Nursing and Health Professions, Philadelphia, PA, USA

Warwick D. Ngan Kee
Department of Anaesthesia and Intensive Care, Chinese University of Hong Kong, Prince of Wales Hospital, Hong Kong, China

Catherine Nelson-Piercy
Women’s Health Academic Centre, London, UK

Clemens M. Ortner
Department of Anesthesiology and Pain Medicine, University of Washington Medical Center, Seattle, WA, USA

Geraldine O’Sullivan
Department of Anaesthesia, Guys and St Thomas’ NHS Foundation Trust, London, UK

Luis D. Pacheco
Departments of Obstetrics/Gynecology and Anesthesiology, Divisions of Maternal–Fetal Medicine and Surgical Critical Care, University of Texas Medical Branch at Galveston, Galveston, TX, USA

Fathima Paruk
Cardio-Thoracic Surgical Intensive Care Unit, Department of Anesthesiology, University of Witwatersrand, Johannesburg, South Africa

Melina Pectasides
Department of Radiology, Massachusetts General Hospital, Harvard Medical School, Boston, MA, USA

Nigel Pereira
Department of Obstetrics and Gynecology, Drexel University College of Medicine, Philadelphia, PA, USA

Patricia Peticca
Division of Endocrinology and Metabolism, University of Ottawa, Ottawa, ON, Canada

Sharon T. Phelan
Department of Obstetrics and Gynecology, University of New Mexico School of Medicine, Albuquerque, NM, USA

Felicity Plaat
Queen Charlotte’s Hospital, London, UK

Lauren A. Plante
Departments of Obstetrics & Gynecology and of Anesthesiology, Drexel University College of Medicine, Philadelphia, PA, USA

Michael P. Plevyak
Department of Obstetrics and Gynecology, Tufts University School of Medicine, Baystate Medical Center, Springfield, MA, USA

Dianne Plews
Department of Haematology, South Tees Hospitals NHS Foundation Trust, Middlesbrough, UK

Wendy Pollock
Faculty of Health Sciences, School of Nursing and Midwifery, Department of Midwifery, La Trobe University, Mercy Hospital for Women, Melbourne, Australia
# List of contributors

<table>
<thead>
<tr>
<th>Name</th>
<th>Institution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laura C. Price</td>
<td>Royal Brompton Hospital, London, UK</td>
</tr>
<tr>
<td>Peter Rhee</td>
<td>Division of Trauma, Critical Care and Emergency Surgery, University of Arizona, Tucson, AZ, USA</td>
</tr>
<tr>
<td>Leiv Arne Rosseland</td>
<td>Department of Anaesthesia, Division of Critical Care, University of Oslo, Oslo, Norway</td>
</tr>
<tr>
<td>Kathryn M. Rowan</td>
<td>ICNARC, London, UK</td>
</tr>
<tr>
<td>Helen Ryan</td>
<td>Departments of Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC, Canada</td>
</tr>
<tr>
<td>Helen Scholefield</td>
<td>Liverpool Women’s NHS Foundation Trust, Liverpool, UK</td>
</tr>
<tr>
<td>Neil S. Seligman</td>
<td>Department of Obstetrics and Gynecology, Division of Maternal–Fetal Medicine, University of Rochester Medical Center, Rochester, NY, USA</td>
</tr>
<tr>
<td>Nadir Sharawi</td>
<td>Department of Anaesthesia, Guys and St Thomas’ NHS Foundation Trust, London, UK</td>
</tr>
<tr>
<td>Alex Sia</td>
<td>KK Women’s and Children’s Hospital, Singapore, Singapore</td>
</tr>
<tr>
<td>Bob Silver</td>
<td>Department of Maternal–Fetal Medicine, University of Utah, Salt Lake City, UT, USA</td>
</tr>
<tr>
<td>Mieke Soens</td>
<td>Department of Anesthesiology, Perioperative and Pain Medicine, Brigham and Women’s Hospital, Boston, MA, USA</td>
</tr>
<tr>
<td>Ulrich J. Spreng</td>
<td>Department of Anaesthesia and Intensive Care, Baerum Hospital, Norway</td>
</tr>
<tr>
<td>Silvia Stirparo</td>
<td>Department of Anesthesiology, Citta di Roma Hospital, Rome, Italy</td>
</tr>
<tr>
<td>Nova Szoka</td>
<td>Department of Surgery, University of New Mexico School of Medicine, Albuquerque, NM, USA</td>
</tr>
<tr>
<td>Andrew Tang</td>
<td>Department of Surgery, The University of Arizona, Tucson, AZ, USA</td>
</tr>
<tr>
<td>Kha M. Tran</td>
<td>Department of Anesthesiology and Critical Care Medicine, Perelman School of Medicine at the University of Pennsylvania, Children’s Hospital of Philadelphia, Philadelphia, PA, USA</td>
</tr>
<tr>
<td>Els Troost</td>
<td>Department of Congenital and Structural Cardiology, University Hospitals Leuven, Leuven, Belgium</td>
</tr>
<tr>
<td>Lawrence C. Tsen</td>
<td>Department of Anesthesiology, Perioperative and Pain Medicine, Brigham and Women’s Hospital, Boston, MA, USA</td>
</tr>
<tr>
<td>Derek Tuffnell</td>
<td>Bradford Hospitals NHS Trust, Bradford, UK</td>
</tr>
<tr>
<td>Kristel Van Calsteren</td>
<td>Department of Obstetrics and Gynaecology, University Hospital Leuven, Leuven, Belgium</td>
</tr>
<tr>
<td>Marc Van de Velde</td>
<td>Department of Anaesthesiology, Catholic University of Leuven and University Hospitals Leuven, Belgium</td>
</tr>
<tr>
<td>Marcel Vercauteren</td>
<td>Department of Anesthesiology, Antwerp University, Antwerp, Belgium</td>
</tr>
<tr>
<td>Chris Verslype</td>
<td>Department of Hepatology, University of Leuven, Leuven, Belgium</td>
</tr>
<tr>
<td>Peter von Dadelszen</td>
<td>Department of Obstetrics and Gynaecology, and the Child and Family Research Institute, University of British Columbia, Vancouver, BC, Canada</td>
</tr>
</tbody>
</table>
List of contributors

Carl Waldman
Intensive Care Unit, Royal Berkshire Hospital, Reading, UK

Michelle Walters
Nuffield Department of Anaesthesia, John Radcliffe Hospital, Oxford University Hospitals NHS Trust, Oxford, UK

Linda Watkins
Liverpool Women’s NHS Foundation Trust, Liverpool, UK

Paul Westhead
Obstetrics and Gynaecology, Mersey Deanery, Liverpool, UK

Cynthia A. Wong
Department of Anesthesiology, Northwestern University Feinberg School of Medicine, Chicago, IL, USA

Gerda G. Zeeman
Department of Obstetrics and Gynaecology, Division of Obstetrics & Prenatal Medicine, Erasmus MC, University Medical Centre Rotterdam, Rotterdam, the Netherlands

Joost J. Zwart
Department of Obstetrics/Gynaecology, Deventer Hospital, Deventer, the Netherlands
Preface

The border territory between normal obstetrics and critical care is little understood and lightly inhabited. Pregnancy is a normal event in the lives of most women, undertaken happily with the expectation of a joyful result. Yet critical illness may affect a pregnant woman. She may have a preexisting medical condition which complicates, or is complicated by, the fact of pregnancy, such as heart disease or renal failure. Or she may develop acute obstetric morbidity such as hemorrhage or eclampsia. Severe acute morbidity, even mortality, may plague a woman during this time, converting a joyous time to a tragedy.

Obstetricians and midwives, while accustomed to supervising the normal process, are well prepared for common obstetrical complications but not necessarily for the rare life-threatening event. Intensivists, well versed in the management of critical illness, are not generally prepared for either the usual physiological alterations brought about by pregnancy or for the complicating presence of a fetus. Anesthesiologists, perhaps better exposed to both sides, may nevertheless be more focused on the acute management of crisis in the operating room.

When a new mother, or mother-to-be, ends up in the intensive care unit, it is a shock to all concerned: to the woman herself, if she is aware; to her family; and to the physicians and nurses that care for her in that situation. Obstetricians are often intimidated by the staggering complexity of intensive care, while intensivists are often fetophobic. The balance of care requires input from an entire team of care providers with varying expertise.

Hence this book. We have made an attempt, in these pages, to review both the obstetric and critical care issues, and we have solicited input from a distinguished group of authors on both sides of the aisle. Wherever feasible, we have sought to have chapters collaboratively authored by experts in more than a single specialty: we wanted the most diverse set of viewpoints available. Understanding that practice may vary across regions, we have recruited those experts internationally.

It is our hope that the reader, whether novice or expert, will find something here to be useful or thought provoking, and that the team approach that drove this book will echo in the clinical hallways where our patients, and yours, are managed.