Principles of Critical Care in Obstetrics

Volume I

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Introduction

Childbirth is a major life event for women and their families. However, in a small proportion, severe and sometimes life-threatening complications occur during pregnancy. Such critically ill women should receive the same standard of care for both their pregnancy-related and critical care needs, delivered by professionals with the same level of competences irrespective of whether these are provided in a maternity or general critical care setting [1].

Maternal critical care is an area which is less discussed than other parts of obstetric care. However, there has been a growing need to address this area from a national and international point of view: to collate, to standardise, to share and to learn. Maternal morbidity and mortality has been analysed by different methods in majority of countries. What has become apparent is that there is still a significant number of morbidity and mortality associated with suboptimal care [2].

Critical care in pregnancy poses a major challenge to clinicians as it requires consideration of the physiological changes associated with pregnancy and the need to reassure the well-being of the foetus [3].

In order to safeguard the right of the woman to live, to have good health and to minimise unacceptable outcome of obstetric morbidity and mortality, it is important to address essential and ethical aspects in planning and setting up an obstetric HDU and ICU.

Implementing a Standardised System on Recognising the Level of Care Needed

It is imperative that all carers understand the terminology used in setting up and organising HDU and ICU to provide care for critically ill patients in the peripartum period.

Maternal critical care, high dependency care and high-risk maternity care are not interchangeable, the term critical care having a more precise definition. It is also recommended that the terms ‘high dependency’ and ‘intensive care’ be replaced by the term ‘critical care’ [4].

It is important to define the level of critical care required by the mother depending on the number of organs requiring support and the type of support required. Such accepted definitions will provide a platform for the woman to receive the needed treatment. Prioritisation of patients based on the needed care is an important key for proper communication and timely admission. Often these facilities are in high demand, and

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delivered in the intensive care setting. In many parts of the world, such care is available to those who could pay as such care is available only in paying centres and not in government hospitals. Pregnant mothers are young and are in their prime of life. Their health and life is compromised due to an obstetric or pre-existing medical complication. If the transient severe illness is overcome by providing critical care, then these mothers will continue to serve as the nucleus of the family and their society. Hence the health community should try and establish critical care for these young women with equal access despite their socio-economic standards and capabilities rather than stretching the health budget to less significant issues.

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