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## Chest

Volume 101, Issue 5, May 1992, Pages 1407-1412

### Obstetric Patients Requiring Critical Care: A Five-Year Review

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<https://doi.org/10.1378/chest.101.5.1407>

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Only one study has examined the clinical issues presented by critically ill obstetric patients with respect to medical indications for intensive care unit (ICU) admission and fetal and maternal morbidity and mortality. Therefore, a review of all obstetric patients admitted to a medical-surgical ICU in a large tertiary referral center over a five-year period was conducted. Obstetric, ICU-related, and diagnostic data were recorded for each patient. The diagnosis of the disease responsible for the patient's critical illness was categorized as obstetric or nonobstetric. The diagnosis that prompted ICU admission was determined for each patient and was categorized as respiratory failure, hemodynamic instability, or neurologic dysfunction. There were 32 obstetric admissions representing 0.4 percent of all deliveries during this time period. There was a predominance of postpartum admissions and obstetric diagnoses responsible for the patient's critical illness. Preeclampsia was the single most common diagnosis representing 22 percent of all patients. Hemodynamic instability was never the cause of antepartum ICU admission in patients with a viable fetus. In contrast, hemodynamic

instability accounted for 52 percent of postpartum ICU admissions. Of the eight women admitted with viable pregnancies to the ICU, seven were delivered during the ICU stay and all fetuses survived. There was a high incidence of acute lung injury (25 percent) that was associated with nonpulmonary or pulmonary infection in all eight cases. However, the mortality was only 25 percent.



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## Abbreviations

ARDS, adult respiratory distress syndrome; ICU, intensive care unit; PEEP, positive end-expiratory pressure; UCSF, University of California at San Francisco

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