

Key notes on: Caring for pregnant women in ICU/HDU

- Pregnant women are unique in the ICU population with many special needs related to:
 - Adapted physiology of pregnancy
 - Presence of the fetus
 - Potential for obstetric complications
- There is a lack of evidence on caring for pregnant women in ICU
 - Much is extrapolated from usual ICU care
 - Theoretical considerations based on adapted physiology and presence of fetus
- Pregnancy specific care can be remembered by “MUM’S FAST HUG”
 - **M**onitor fetal wellbeing
 - **U**ndertake usual antenatal care
 - **M**aternal complications
 - **S**pecial considerations
 - **F**eeding
 - **A**nalgesia
 - **S**edation
 - **T**hromboprophylaxis
 - **H**ead of bed elevation
 - stress **U**lcer prevention
 - **G**lucose control
- If the pregnancy ends at or after 20 weeks’ gestation – it is required that the baby is registered as a ‘birth’

Key resources/recommended reading

Pollock W, Morse K. Chapter 5 ‘Nursing and midwifery considerations in the ICU setting’ pp 43-63 in Van de Velde M, Scholefield H, Plante L [eds] Maternal Critical Care A Multidisciplinary Approach. Cambridge, Cambridge University Press. 2013. [for the ‘7 Bs of postpartum care’]

Pollock W. Caring for pregnant and postnatal women in intensive care: what do we know? *Australian Critical Care*. 2006;19(2):54-65.

Lapinsky SE, Rojas-Suarez JA, Crozier TM, Vasquez DN, Barrett N, Austin K, et al. Mechanical ventilation in critically-ill pregnant women: a case series. *International Journal of Obstetric Anesthesia*. 2015;24(4):323-8.

Royal Australian and New Zealand College of Radiologists. Diagnostic Radiology and Pregnancy. Clinical Radiology Position Statement. RANZCR, Sydney Australia. 2017.

Aoyama K, Seaward PG, Lapinsky SE. Fetal outcome in the critically ill pregnant woman. *Critical Care*. 2014;18(3):307.

Jeejeebhoy FM, Zelop CM, Lipman S, Carvalho B, Joglar J, Mhyre JM, et al. Cardiac Arrest in Pregnancy: A Scientific Statement From the American Heart Association. *Circulation*. 2015;132(18):1747-73.

Steen S, Ilse S. Mediocre or excellent-where does your facility stand? Becoming a perinatal loss gold standard hospital. *BMC Pregnancy and Childbirth*. 2015;15(1):1-2.