

Critical care admission data for obstetric haemorrhage; a tertiary centre retrospective analysis (2019-2023)

Background

Haemorrhage is a significant cause of morbidity and mortality in obstetric populations, with post-partum haemorrhage remaining the leading cause of maternal mortality. Some maternity patients may require critical care for management of obstetric haemorrhage. Data analysing obstetric haemorrhage in the critical care setting are limited. Our offsite maternity hospital caters to approximately 4,000 deliveries per annum.

Methods

Ethical approval was obtained prior to data collection. A list of obstetric cases admitted to the ICU and HDU was generated from a combination of the electronic health records in the ICU and handwritten admission ledgers in the HDU. Charts were reviewed individually to generate the data.

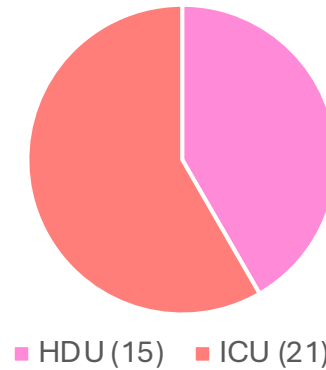
Obstetric haemorrhage cases were classified as per the stage of pregnancy they occurred; early pregnancy (0-24 weeks), antepartum [APH] (24-40 weeks) or post-partum [PPH].

Conclusion:

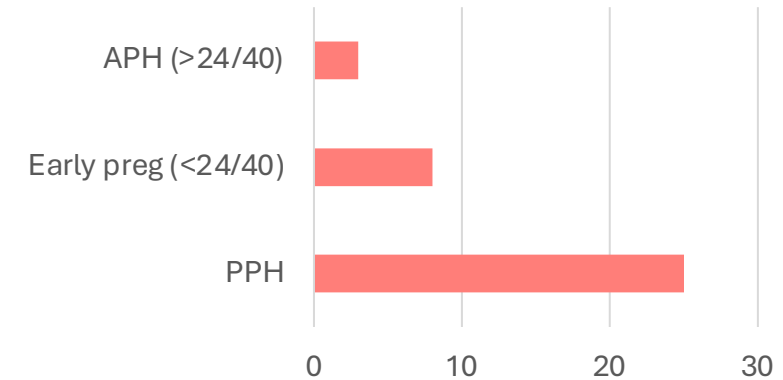
Overall, a low proportion of obstetric patients in this analysis required admission to HDU/ICU for haemorrhage. However, obstetric haemorrhage accounted for nearly half of all obstetric ICU/HDU admissions. The majority of these HDU/ICU admissions were for PPH.

Main Findings:

Admissions



Category of haemorrhage



Obstetric haemorrhage requiring critical care admission occurred in **0.2%** of total obstetric patients (36/20,147). It accounted for **44%** (36/81) of all obstetric admissions to the critical care unit.



The **median gestation** of obstetric patients with haemorrhage requiring HDU/ICU admission (*excluding early pregnancy [<12 weeks] admissions*) was 35 weeks (range 16-40 weeks).



The **median number of red cell concentrate** units transfused was 5 units (range: 0-25 units).



The **median age** was 36 years (range: 17-45 years)



Peripartum hysterectomy was required in 14 PPH patients.