

# A CASE OF MATERNAL COLLAPSE IN PREGNANCY

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## OBJECTIVE:

Description of an obstetric emergency and need for a perimortem caesarean section within an appropriate timeframe to prevent maternal and neonatal morbidities

## PATIENT BACKGROUND:

- 33 y/o G4 P3 at 36 week gestation
- Uncomplicated pregnancy
- Brazilian, non-English speaking
- BMI 35
- Past Obstetric hx: 3 normal spontaneous vaginal deliveries
- Past Medical & Surgical hx: Not relevant

## PATIENT PRESENTATION:

- Reported feeling unwell when she woke up in the morning
- Husband called ambulance
- Noted to be conscious with stable vitals
- Directly admitted to labour ward where she became unresponsive
- Arrest team arrived immediately



## INITIAL ASSESSMENT:

- A Patent airway
- B Hypoxic (SpO<sub>2</sub> 60% with non-rebreather mask) → switched to C-circuit with minimal improvement
- C Hypertensive, tachycardic (120 bpm)
- D Normoglycemic, GCS score 10/15
- E Afebrile, negative proteinuria
- F Normal foetal heart rate confirmed on ultrasound

## IMMEDIATE MANAGEMENT:

- Rapid sequence intubation to secure airway
- Administered 4g of MgSO<sub>4</sub>
- Emergency lower segment caesarean section (LSCS) performed delivering a baby girl weighing 2.8 kg
- Pulseless electrical activity immediately after delivery
- Estimated blood loss of about 400 mL
- Commenced CPR

## RESUSCITATION:

- 3 cycles of CPR
- 2 x adrenaline (1:1000)
- Achieved return of systemic circulation (ROSC)
- Achieved hemodynamic stability with vasopressors
- Promptly completed LSCS
- Low ETCO<sub>2</sub> and oxygen saturation of 81%



Fig 1: CT pulmonary angiogram

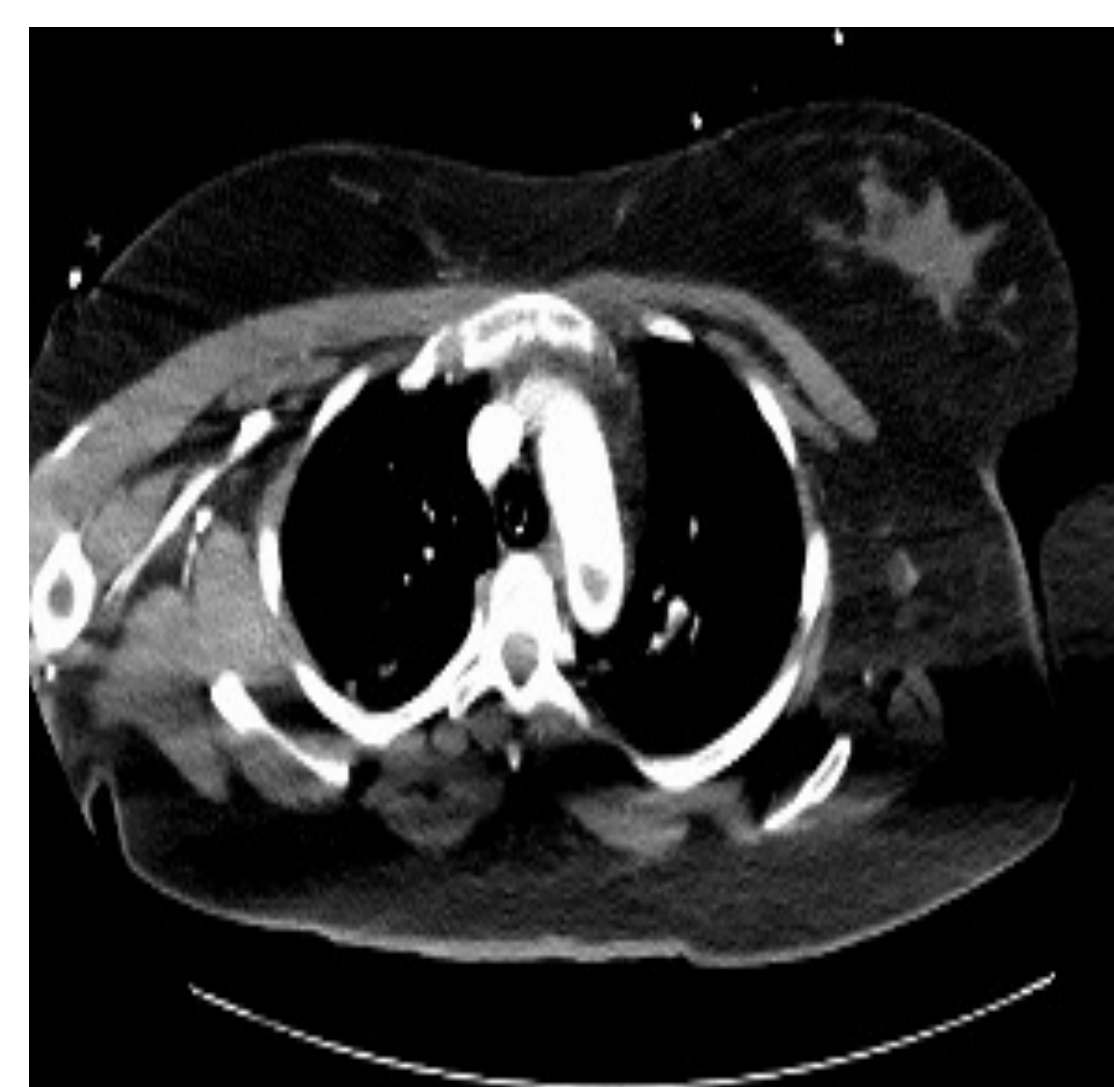
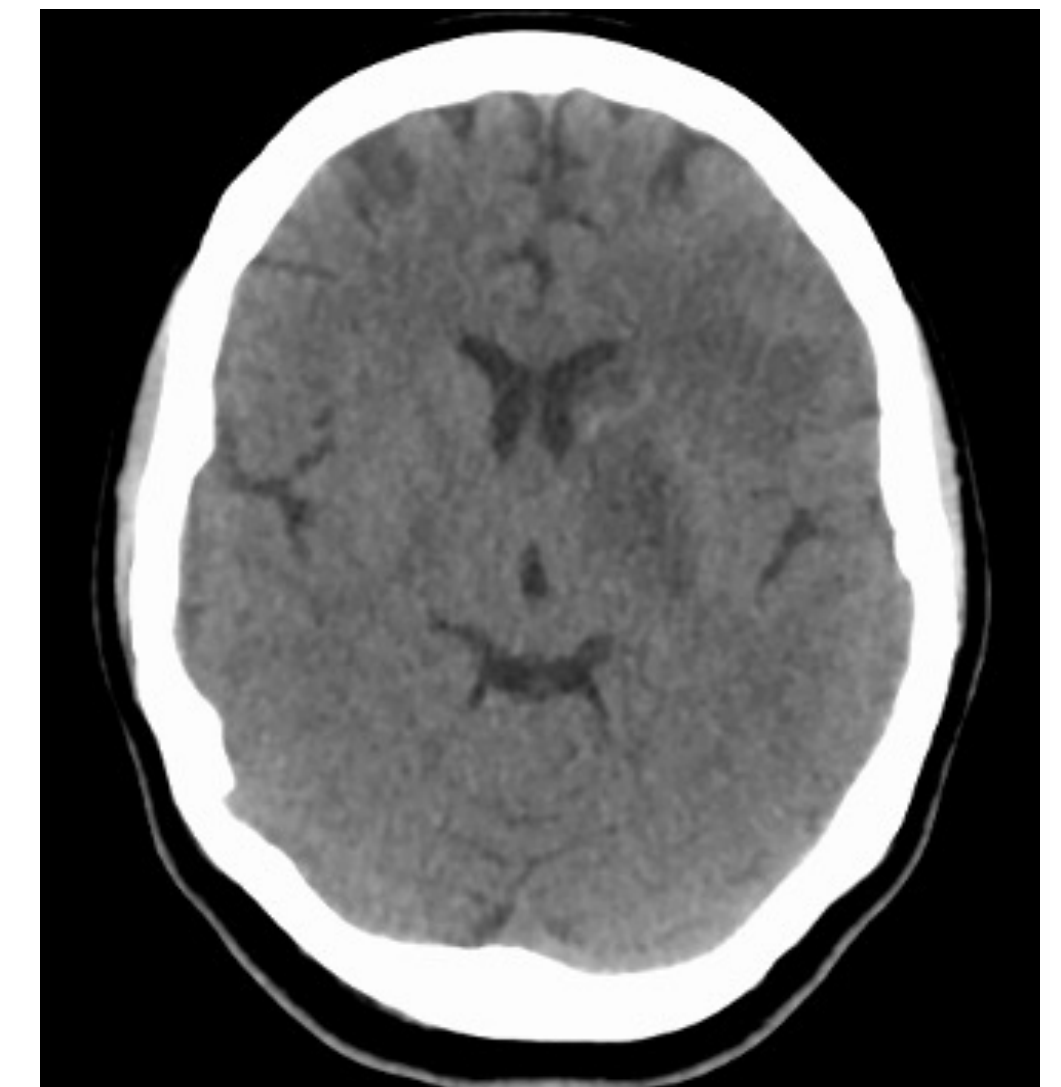
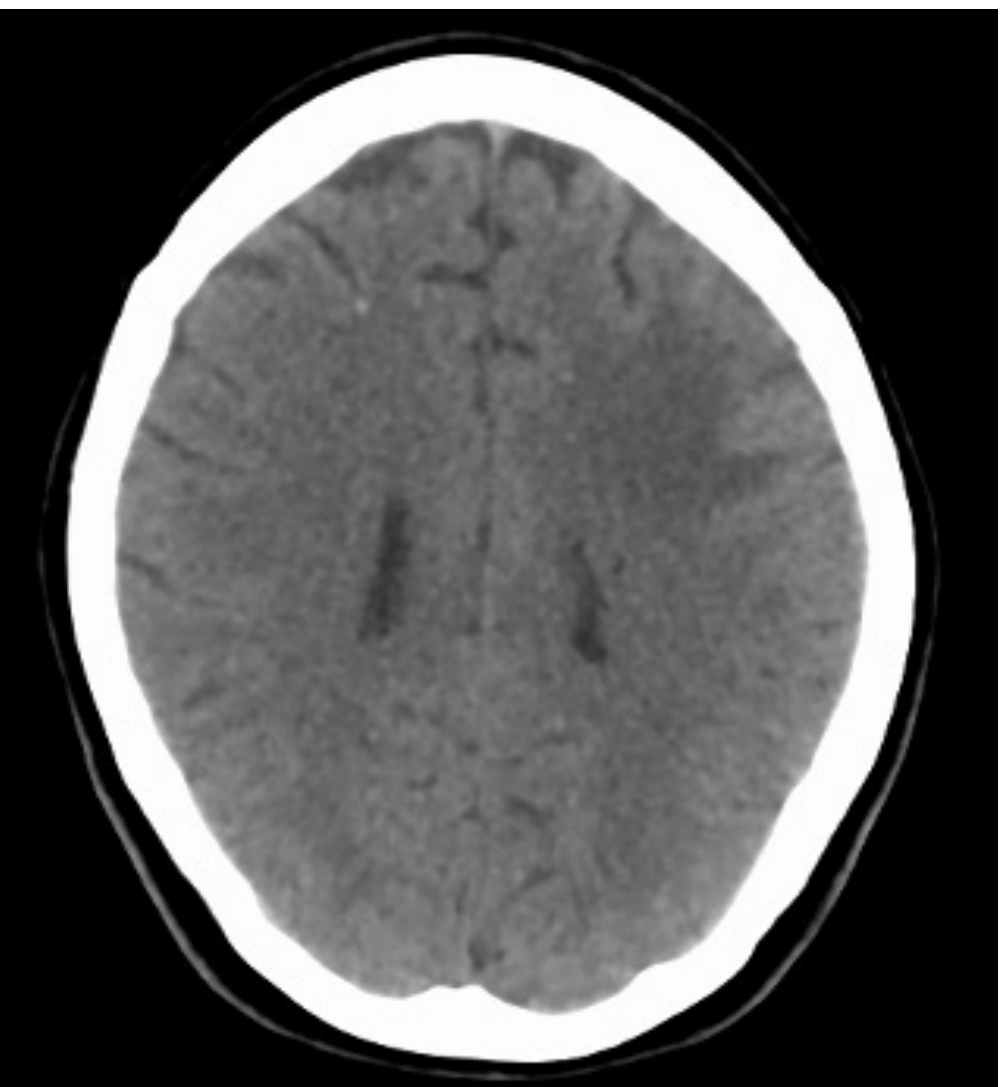


Fig 2: Non-contrast CT Brain



## MANAGEMENT:

- Multidisciplinary team opted for thrombolysis
- Complicated by postpartum haemorrhage requiring massive transfusion protocol
- Transferred to specialist centre in Dublin with continued heparin infusion and supportive management
- Transoesophageal echo confirmed patent foramen ovale (PFO)
- Repatriated to UHW stroke unit for rehabilitation
- Discharged at 8 weeks post-partum with insertion of Mirena coil, anticoagulation, and counselling about the risks of future pregnancy

## DISCUSSION:

This was a case of pulmonary embolism (PE) with PFO that required perimortem caesarean section. It highlighted the significance of ABCDE approach in an emergency setting since identifying the compromised ventilation was the catalyst for subsequent management. The case also demonstrated the need for standardized guidelines for thrombolysis during pregnancy. Furthermore, this was a good example of cohesive resuscitative effort and cooperative multidisciplinary teamwork in providing successful patient care.