

Consideration for Early ECMO Cannulation in the Parturient with Severe COVID Disease: A Case Report

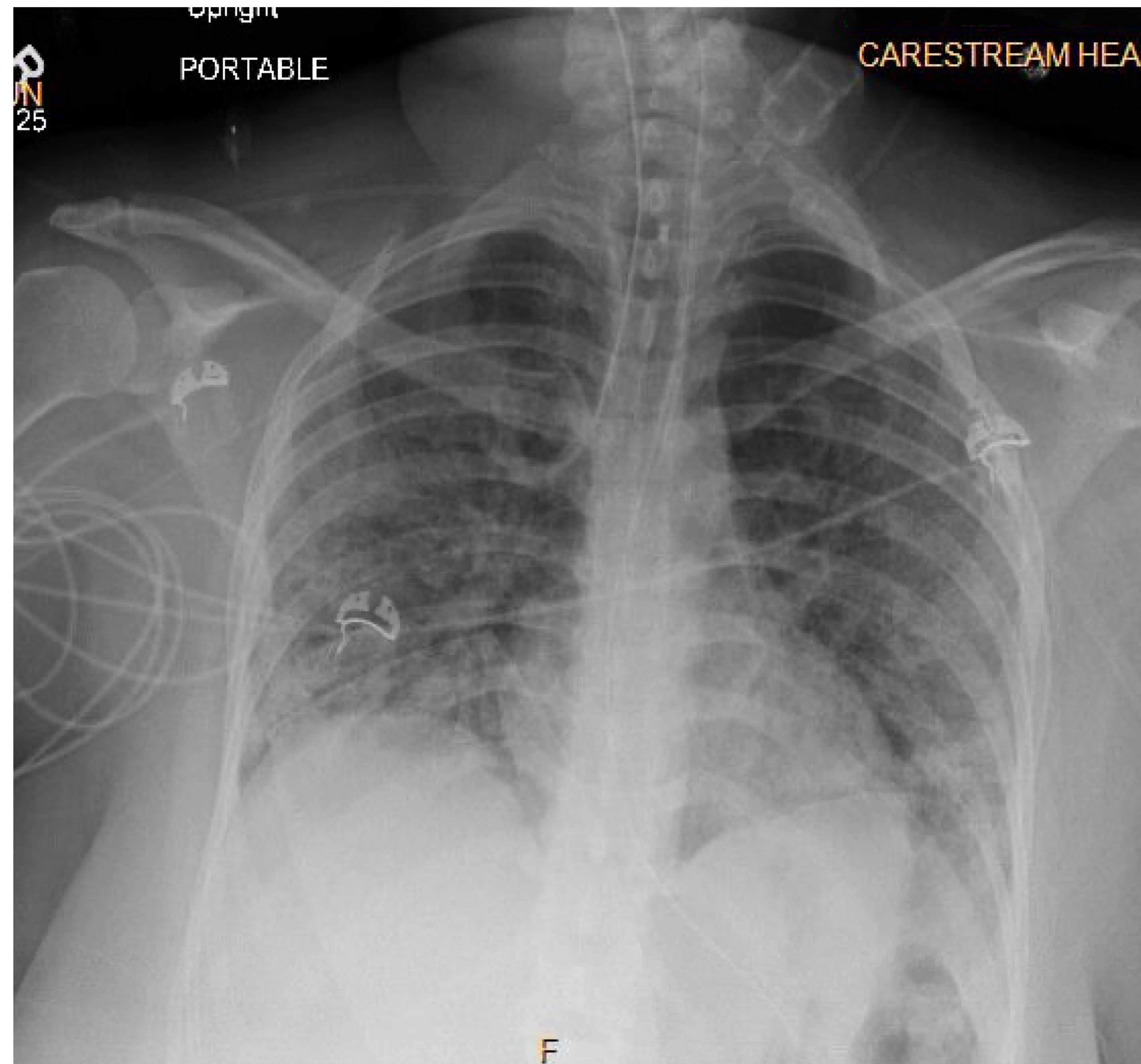
Case

- 37-year-old G4P3 female at 24 weeks gestation with COVID pneumonia
- History of diabetes and obesity (BMI 37), unvaccinated
- Intubated and required emergent cesarean delivery (CD) due to late decelerations on hospital day 10
- ECMO cannulation planned after CD, but deferred due to mild improvement in PaO₂ and concern for bleeding
- ECMO reconsidered 12 days later, no longer a candidate

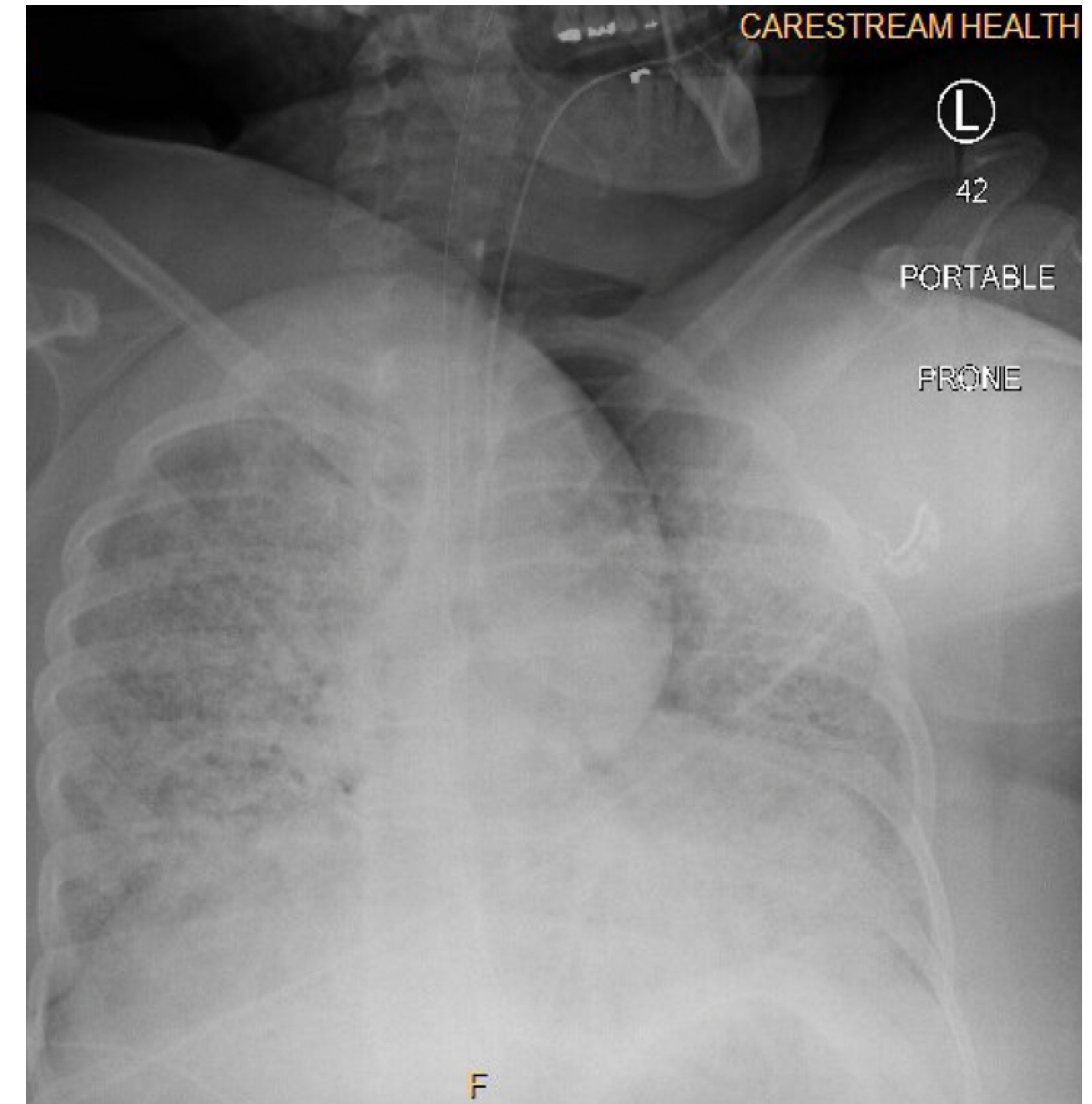
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CXR Progression



Hospital Day 10



Hospital Day 20

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Key Points

- Optimal timing of ECMO cannulation in pregnancy is not established
- Anticoagulation regimen and timing around CD are unique challenges in pregnancy
- Society for Maternal and Fetal Medicine endorses ECMO for peripartum females under 32 weeks to facilitate in utero development
- Early cannulation for ECMO could be more effective for both mother and fetus, allowing for oxygenation and ventilation to support fetal development