# Complex Multi-Disciplinary Decision Making for a Parturient with Pulmonary Fibrosis and Cystic Bronchiectasis: Delivery Timing and Safety.

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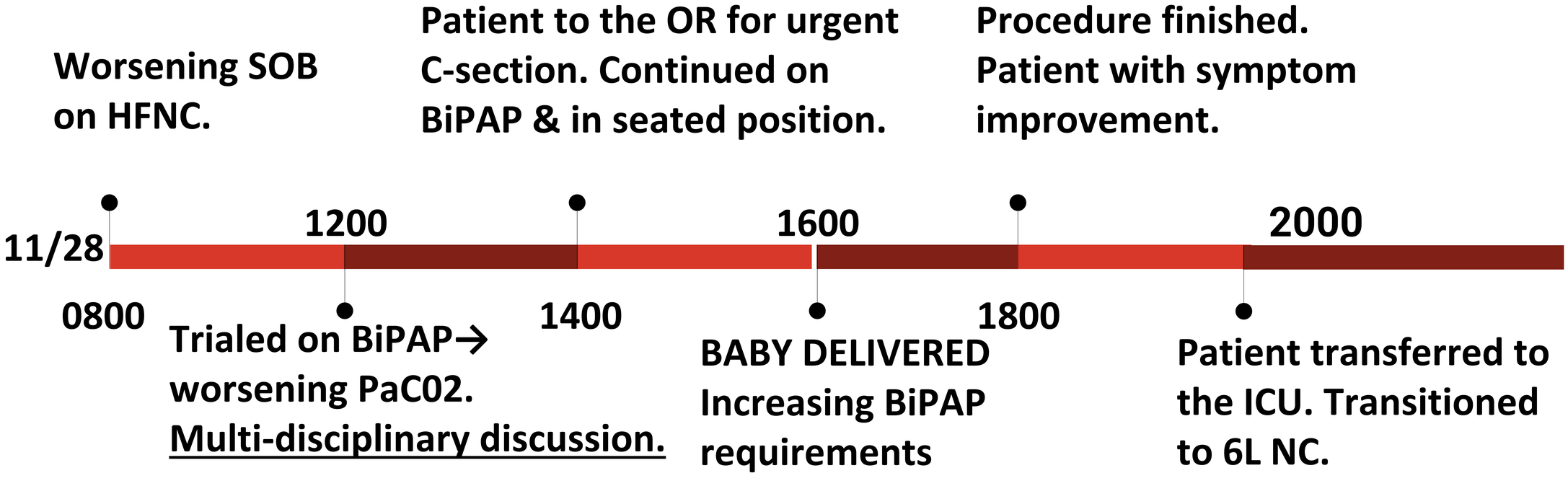
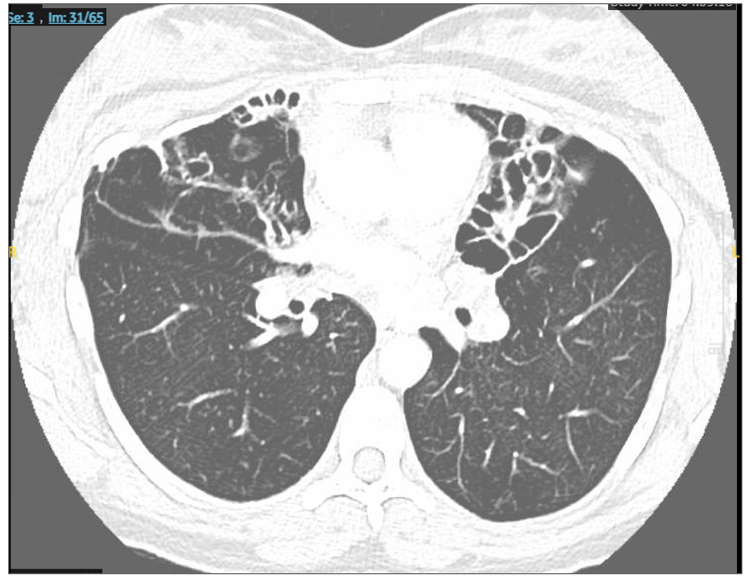
## CASE PRESENTATION

38yo G4P0303 at 30+6wga with PMHx of pulmonary fibrosis with cystic bronchiectasis of unknown origin and recurrent lower respiratory infection.



| ABGs | 11/28 1016 HFNC | 11/28 1329 BiPAP | 11/28 1535 OR | 11/28 1703 OR | 11/28 1958 ICU | 11/30 |
|---|---|---|---|---|---|---|
| pH | 7.43 | 7.38 | 7.4 | 7.36 | 7.35 | 7.42 |
| pCO2 | 44 | 50 | 47 | 55 | 51 | 49 |
| pO2 | 75 | 238 | | | 88 | 70 |
| BE | 4 | 3 | 3.7 | 4.8 | 2 | 6 |
| HCO3 | 29 | 28 | 27.9 | 28.7 | 28 | 31 |
| O2 Sat | 95 | 99 | 99.8 | 97.7 | 96 | 93 |




CT imaging of the lungs showing diffuse cystic bronchiectasis predominant on the right lung.

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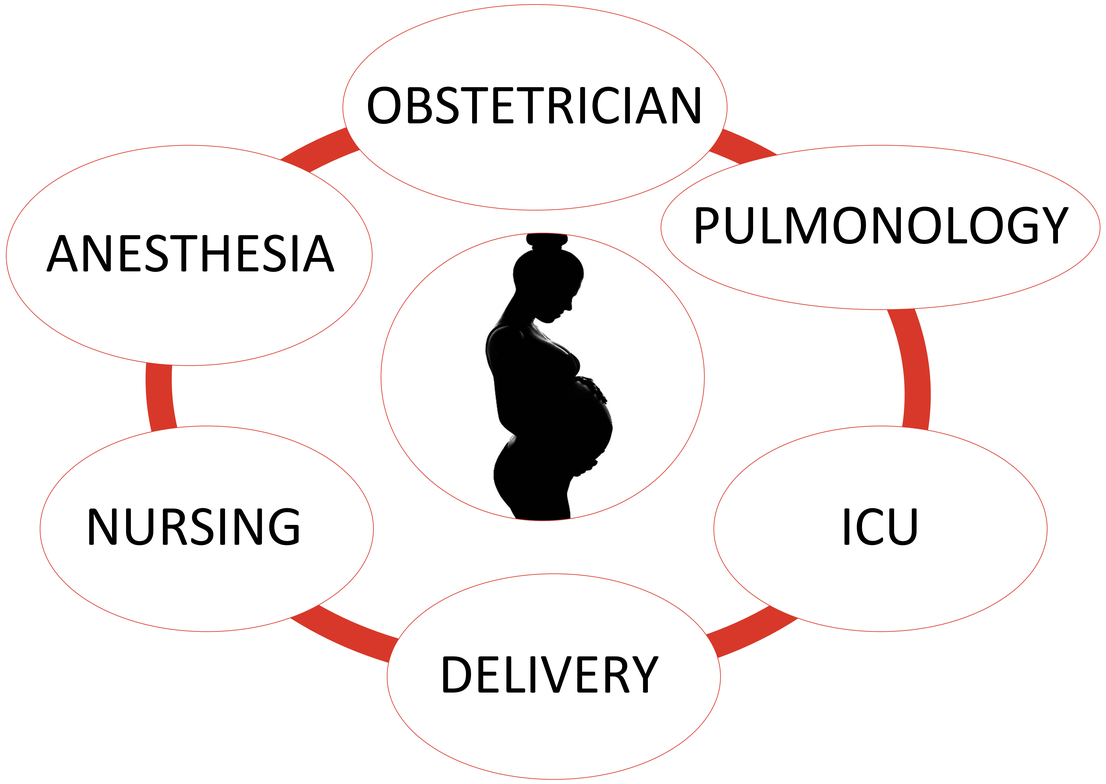
## DISCUSSION: A Multidisciplinary Model

- Acute respiratory failure complicates 0.2% of pregnancies[2], and there is limited data to guide management and timing of delivery.

- Respiratory failure in pregnancy poses challenges in weighing the risk and benefits of intervention for both the mother and the fetus.

- Multidisciplinary decision making is paramount in evaluating complex patients and guiding a safe delivery plan.

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