Preparedness for Plan D, When Plans A-C Fail; Planning and Ethical Considerations for a Parturient in Psychosis During Labor.

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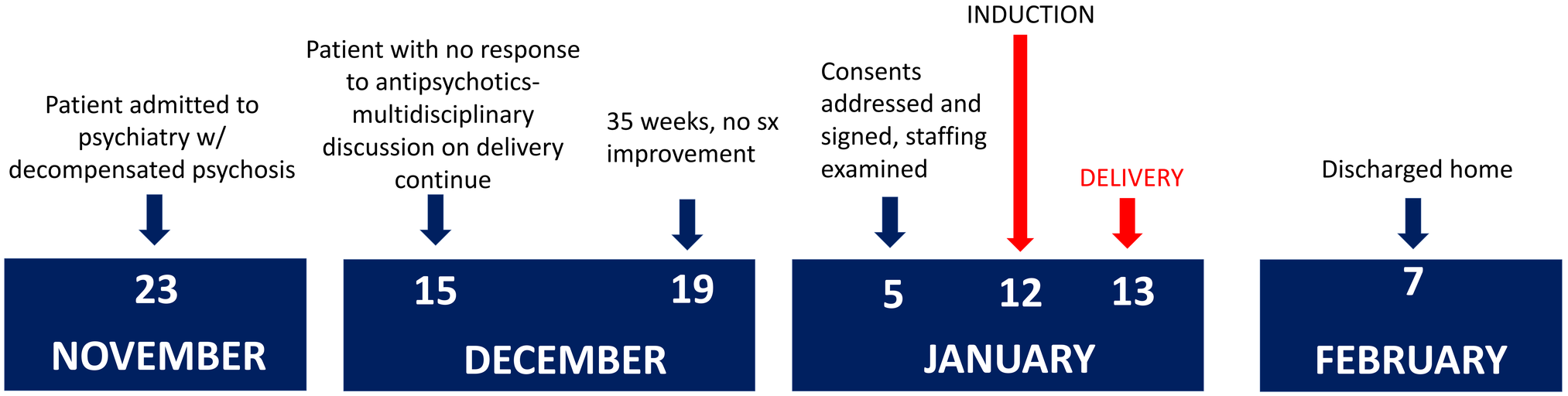
CASE

26 yo G1P0 with schizoaffective disorder and substance use disorder presented to our multidisciplinary team meeting after being admitted to adult psychiatry for decompensated psychosis at 32 weeks.

TIMELINE



GOALS

- After extensive multidisciplinary planning, we focused on the following goals:
  - Maternal:
    - Maximize opportunity for maternal participation in labor and vaginal birth
    - Minimize traumatic experiences
    - Allow mother to be a part in all decisions when safe and appropriate
    - Adequately monitor mother and fetus
  - Fetal:
    - Maintain fetal hemodynamics and monitoring
    - Minimize the need for emergent delivery

ANESTHETIC CONSIDERATIONS

Analgesia timeline and execution

Psychiatric PRNs available per psychiatry's recommendation

Optimizing induction date: Patient both aware of pregnancy and able to express needs and wants

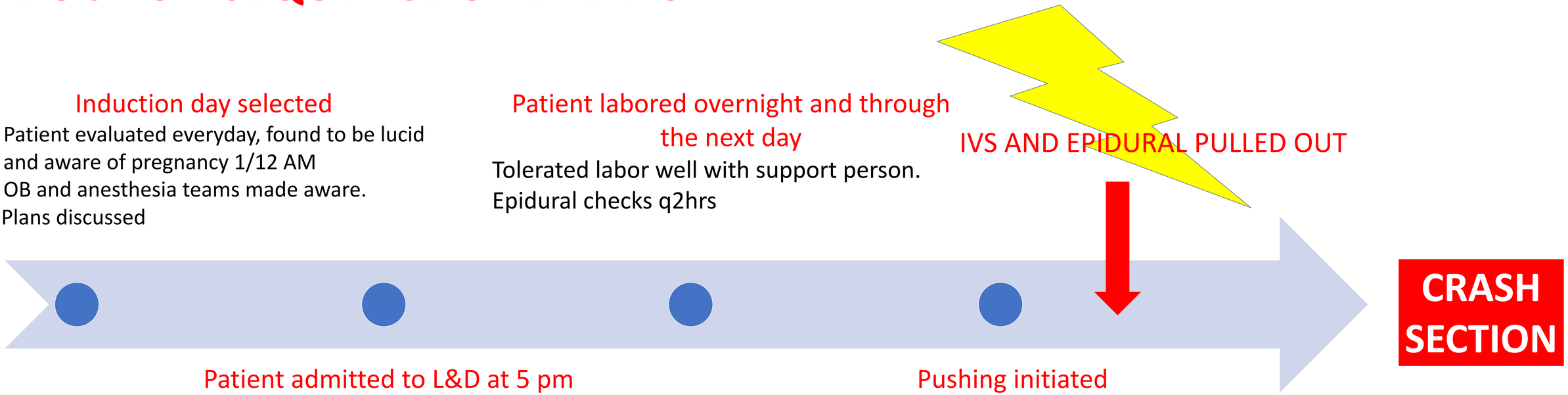
Equipment: restraints in case of emergency, medications available, distractions for patient

Consents and understanding of POA for all emergency situations

Staffing needs: optimizing staff for specialized care needs and prioritizing staff who had patient rapport

Safe Delivery

INDUCTION SEQUENCE OF EVENTS



DISCUSSION

- Despite careful planning, intensive multidisciplinary discussion, active family and patient education, preparedness for emergency events is what proved to be successful in this case
- Early involvement of risk management and multidisciplinary teamwork is essential when caring for patients with psychosis on the labor and delivery floor