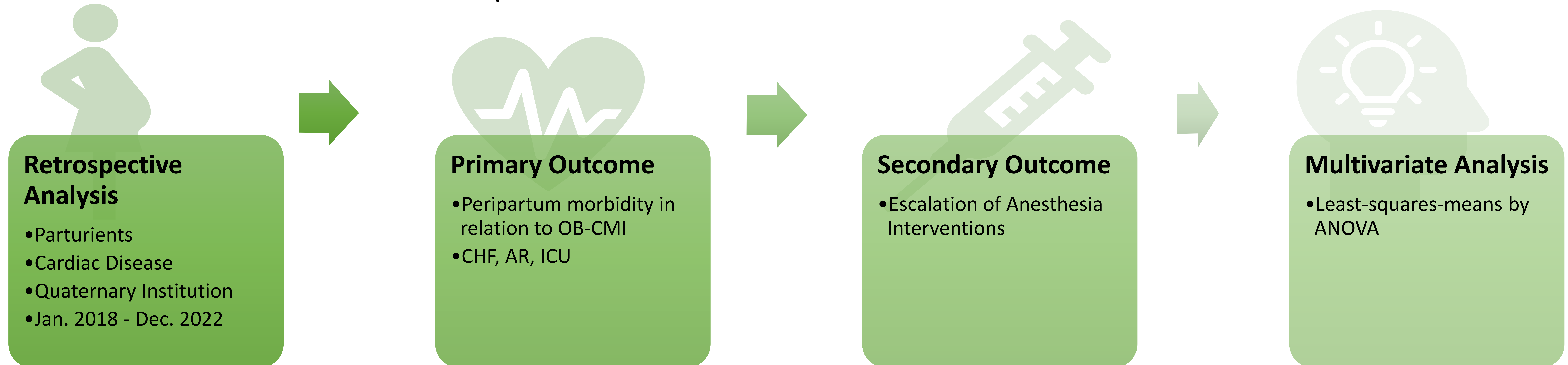


Predicting Morbidity and Need for Anesthesia Interventions in Parturients with Acquired and Congenital Heart Disease: Use of the Obstetric Comorbidity Index

Anna M. Ray, MD; Noor Raheel, MBChB, MPH; Diego Villela-Franyutti, MD; Mahyar Heydarpour, PhD;
Michaela K. Farber, MD, MS; Jean M. Carabuena, MD

OBJECTIVE

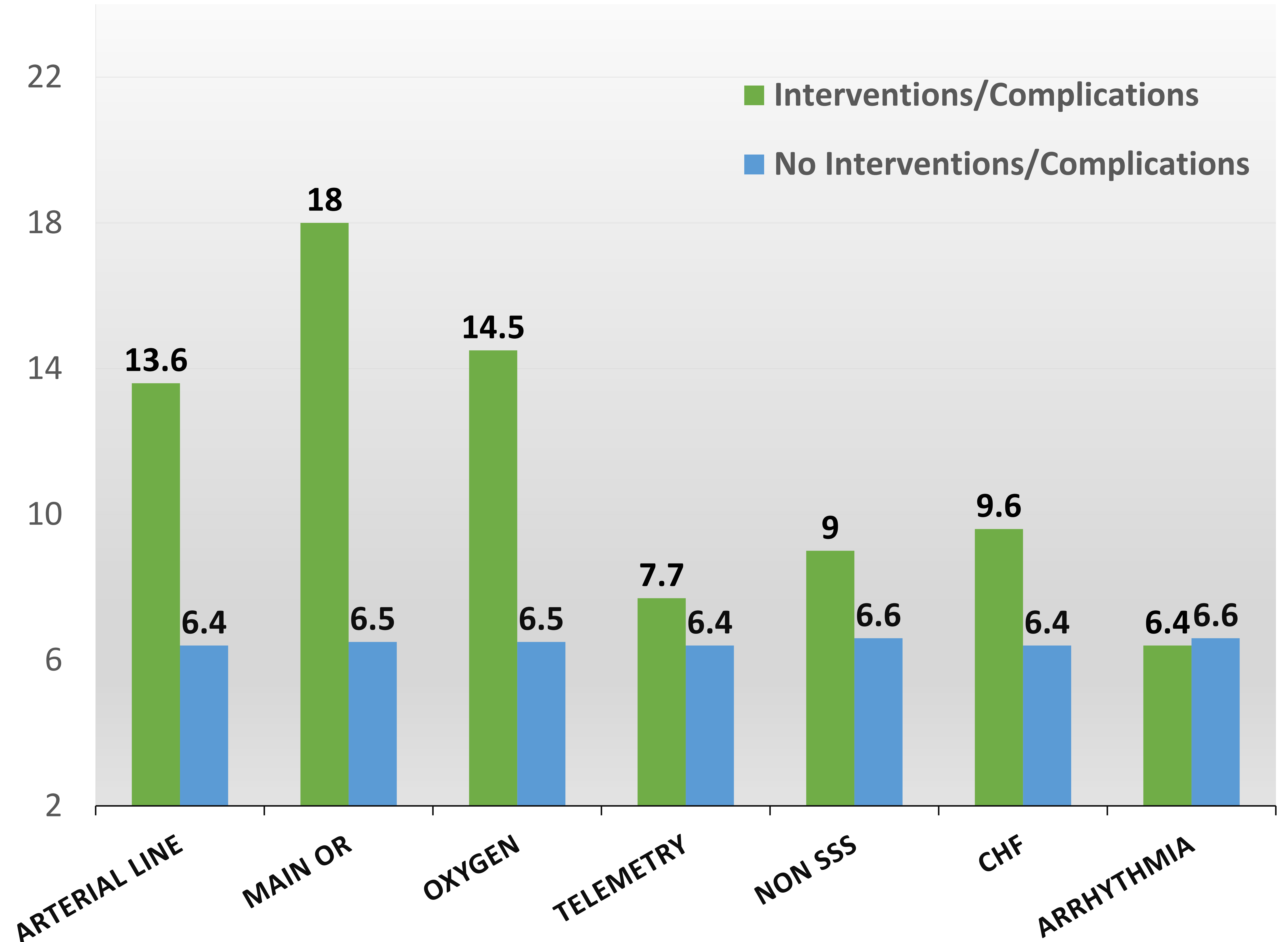
Examine the relationship of OB-CMI and **cardiac morbidity** (CHF, sustained arrhythmia, ICU admission) and **anesthesia interventions** in parturients with cardiac disease



RESULTS

- 200 cases
- Median OB-CMI 6.6
 - Congenital/Valvular (75.5%)
 - Arrhythmia (38%)
 - Asthma (26.5%)
 - Preeclampsia/HTN (18.5%)
- Symptomatic CHF (5%, $p=0.028$)
- Symptomatic Arrhythmia (3.5%)
- Anesthesia Interventions
 - Arterial line (4.35%, $p=0.04975$)

MEDIAN OB-CMI SCORES WITH & WITHOUT PERIPARTUM COMPLICATIONS & ANESTHESIA INTERVENTIONS



CONCLUSION

- In this study, a higher OB-CMI score was associated with :
 - **Symptomatic CHF**
 - **Anesthesia interventions**
- With a limited sample size symptomatic arrhythmia did not reach significance.
- The OB-CMI is a validated risk stratification tool to predict severe maternal morbidity and mortality.
- The OB-CMI may be useful to assess risk for parturients with cardiac disease
- The OB-CMI may provide insight into risk for clinical deterioration in the peripartum period.



REFERENCE

Easter, Sarah Rae et al. "A comorbidity-based screening tool to predict severe maternal morbidity at the time of delivery." American journal of obstetrics and gynecology vol. 221,3 (2019): 271.e1-271.e10. doi:10.1016/j.ajog.2019.06.025