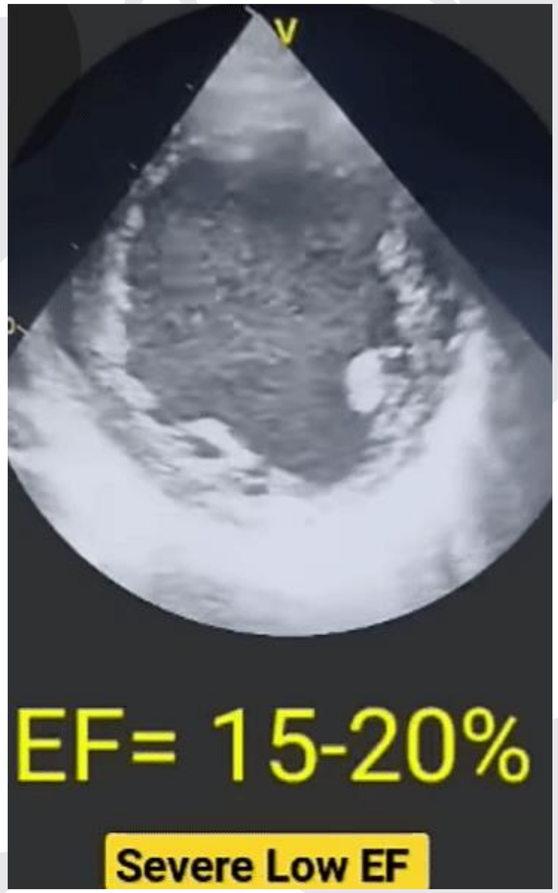
Reflections on 2 high-risks cardio-obstetrical patients

Dr. Ali Mubarki, Dr. James Lawson, Dr. Ian Kaufman

With the advancements in medical care, increased maternal age and multiple comorbidities, the high-risk cardio-obstetrical patients are more prevalent and account for the foremost cause of maternal mortality in high-income countries: Canada is currently reporting an 8% rate.

The literature cites an increase in indications and use of peripartum ECMO.

We reflect on the decision-making process regarding pre-cannulation vs. standby ECMO



McGill

Centre universitaire de santé McGill
McGill University Health Centre

Royal Victoria Hospital, Anesthesia Department
Montreal, QC, Canada

Reflections on 2 high-risks cardio-obstetrical patients

Dr. Ali Mubarki, Dr. James Lawson, Dr. Ian Kaufman

Case 1

- 29yo, G1P0 (37+5 GA), previously healthy
- Patient presented with:
  - Sudden onset dyspnea
  - Severe de novo heart failure, LVEF 15-20%, moderate MR
- Diagnosed Peripartum Cardiomyopathy
- Urgent caesarian delivery under epidural
- Pre-emptive ECMO lines before neuraxial
- 2 weeks postpartum, EF 30%
- Patient discharged home

Case 2

- 38yo, G4P2A1 (25 GA), obese, stable multiple sclerosis, placenta previa/accreta
- Patient presented with:
  - Ruptured membranes
  - Dyspnea with orthopnea
  - Severe biventricular dysfunction, LVEF 10%, SPAP 46 and severe MR
- Increasing lactate and need for hemodynamic support
- Emergent caesarian delivery under general anesthesia
- Pre-emptive ECMO lines before induction of GA
- 30 days postpartum discharged home with EF 10% + PM/ICD

McGill

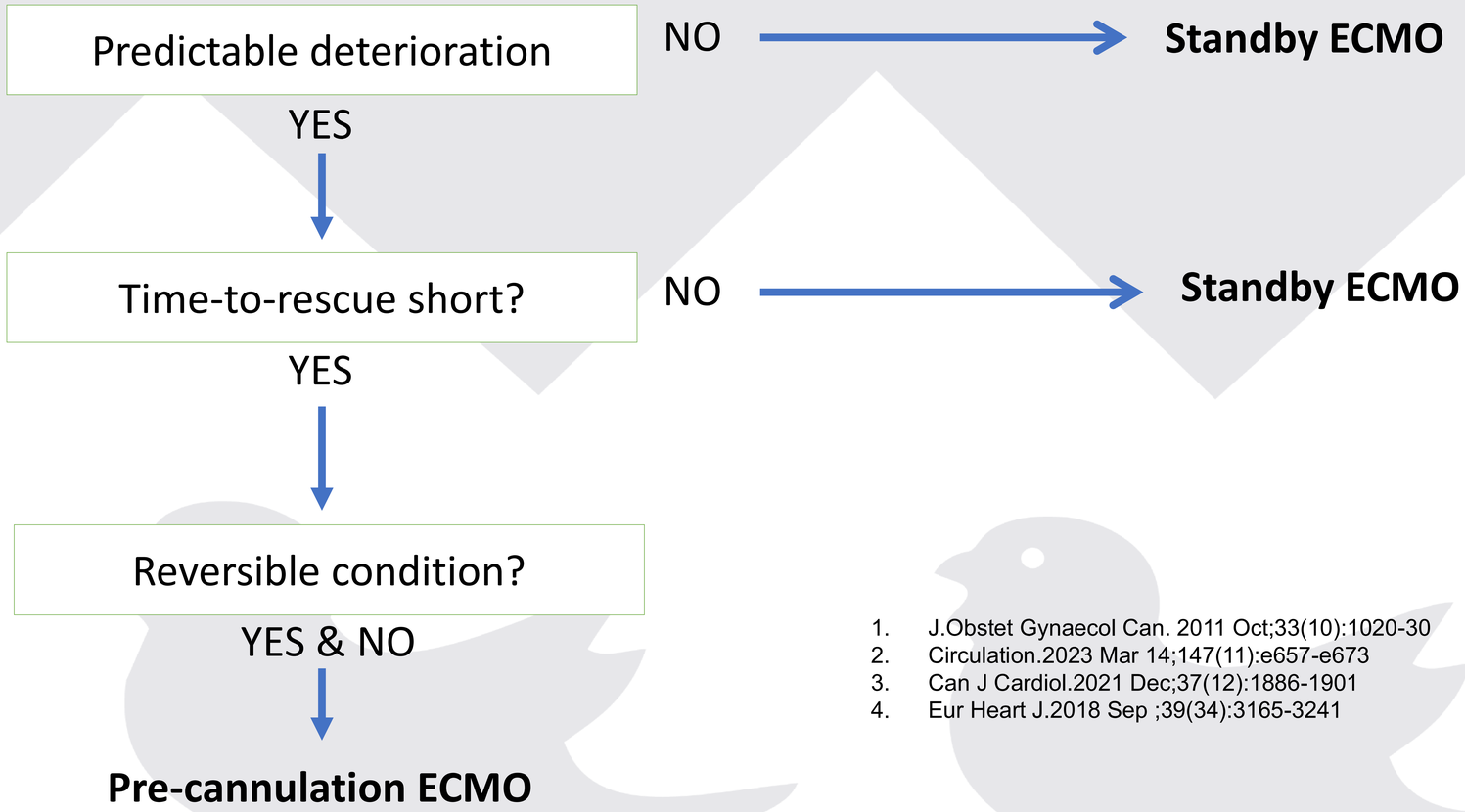
Centre universitaire de santé McGill
McGill University Health Centre

Royal Victoria Hospital, Anesthesia Department
Montreal, QC, Canada

Reflections on 2 high-risks cardio-obstetrical patients

Dr. Ali Mubarki, Dr. James Lawson, Dr. Ian Kaufman

- Multidisciplinary team
- Careful cardiac risk stratification
- Individualized treatment



1. J.Obstet Gynaecol Can. 2011 Oct;33(10):1020-30
2. Circulation.2023 Mar 14;147(11):e657-e673
3. Can J Cardiol.2021 Dec;37(12):1886-1901
4. Eur Heart J.2018 Sep ;39(34):3165-3241

McGill
Centre universitaire de santé McGill
McGill University Health Centre
Royal Victoria Hospital, Anesthesia Department
Montreal, QC, Canada