When Expectations Mislead: Anchoring Bias in Postpartum Hemorrhage

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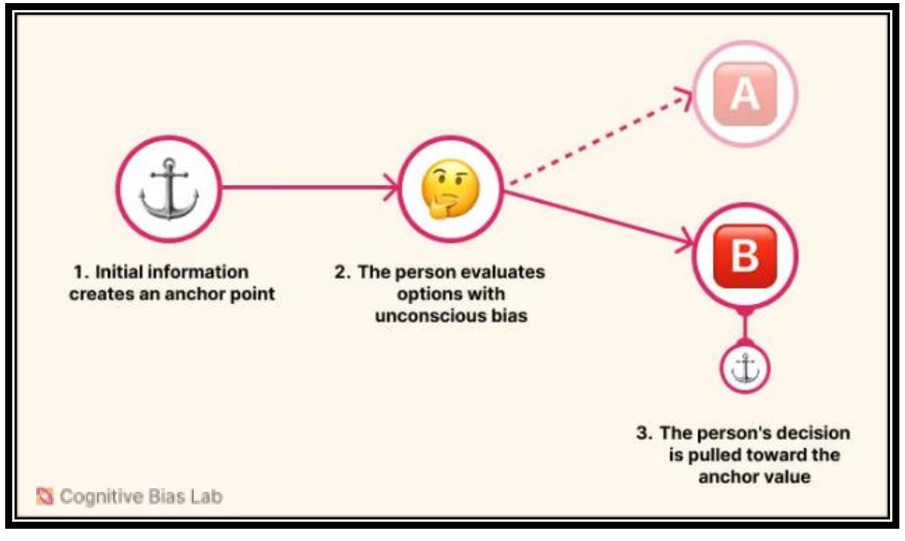
SOAP Society for Obstetric Anesthesia and Perinatology

Background

- **Postpartum hemorrhage** is the leading cause of maternal mortality worldwide and accounts for **25%** of maternal deaths.
- **Thromboembolic disease** remains a significant cause of maternal morbidity and mortality, with a prevalence of 0.5-2 per 1000 pregnant patients and accounting for **10%** of maternal deaths
- Anchoring bias is a cognitive bias in which someone relies too heavily on an initial piece of information (the "anchor") when making decisions.



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Clinical Course and Treatment

ANTEPARTUM

A 33-year-old G3P1011 at 34w5d admitted with increasing LFTs. Complicated by:

- gestational hypertension
- IVF pregnancy
- maternal obesity
- history of prior Cesarean section

Family Hx: sister died from an **unprovoked pulmonary embolism** following cesarean delivery. Found to have **MTHFR mutation**.

Our patient tested positive for the same mutation.

DELIVERY

During admission, she developed **preeclampsia with severe feature** and underwent a **repeat cesarean delivery**.

PACU course was uneventful, and she was discharged with a heart rate of 94 and blood pressure of 118/59.

POSTPARTUM

2 hours after delivery:

- **Dyspnea, chest pain, and significant hypotension**
- Oxygen saturations remained 100% on RA
- Progressive tachycardia
- Stabilized on a phenylephrine infusion
- Uterine fundus remained firm with a small clot on ultrasound and **no significant vaginal bleeding**

Given **new concern for PE** a CTPE was ordered. En route to CT, she decompensated further. CT scan was delayed and repeat bedside ultrasound demonstrated **significant intrauterine clot burden**.

MANAGEMENT

MTP resuscitation was initiated with improvement in vitals, and she returned to the OR for D&C. Resuscitation was guided by TEG and coagulation studies, with a **final estimated blood loss of 4L**.

Postoperatively, her vitals remained stable; all symptoms resolved, and her recovery was otherwise uneventful.

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Teaching Points

Cognitive biases function as mental shortcuts, but can allow for unconscious errors in thinking that distort perception, judgment, and decision-making.

Maintaining a broad differential diagnosis is critical to ensure thorough workup and timely diagnosis.

In medicine and in life, common things remain common!

REFERENCES