Ethical and Logistical Challenges during Emergent Cesarean Delivery for an Incarcerated Patient with HELLP Syndrome and Schizophrenia

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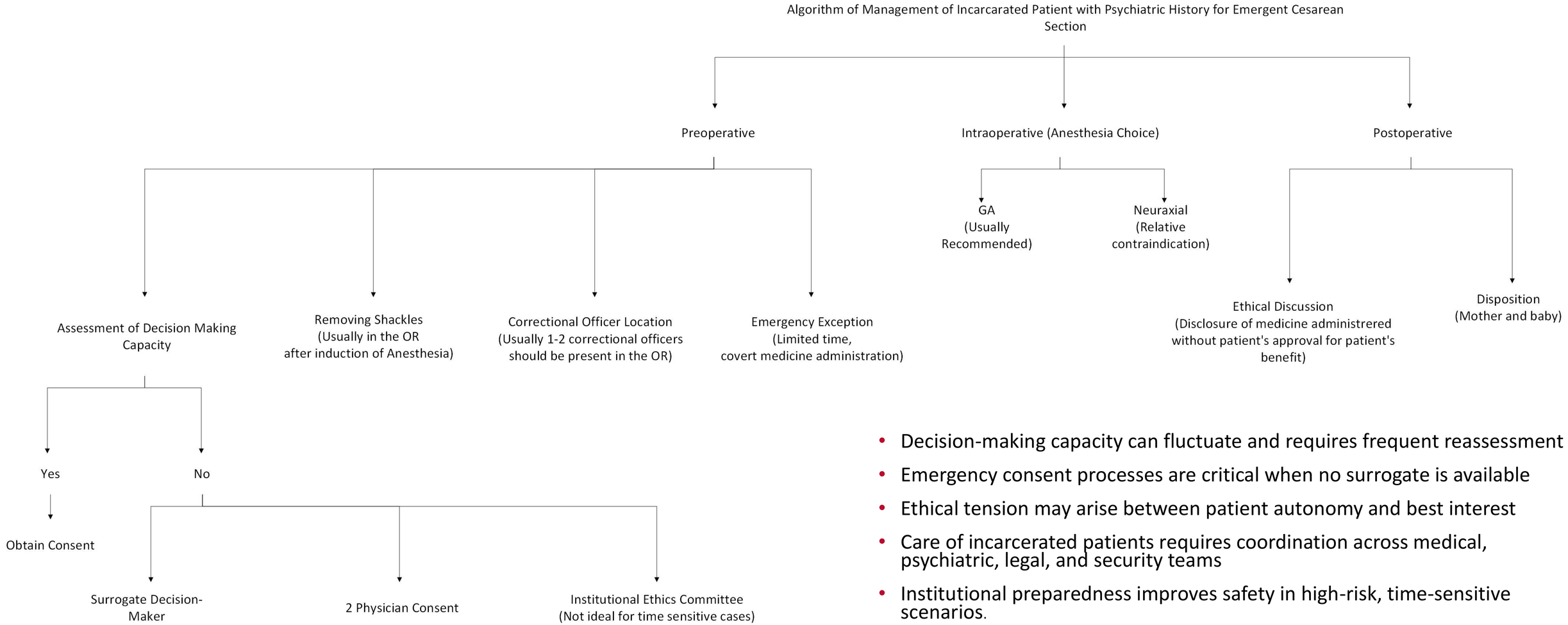
Background

- Incarcerated pregnant patients face unique ethical, legal, and logistical barriers to care
- Psychiatric illness can impair decision-making capacity, especially during acute stress
- HELLP syndrome is a life-threatening obstetric emergency requiring rapid intervention
- Emergent cesarean delivery may necessitate expedited consent pathways

Case

- 33-year-old G3P2 at 38 weeks transferred from correctional facility for psychiatric evaluation
- Laboratory findings consistent with severe HELLP syndrome and thrombocytopenia
- AST 290 U/L, ALT 61 U/L, LDH 521 U/L, haptoglobin <10 , platelets 31,000/µL > 18,000/µL
- Rapid clinical deterioration (BP, labs) with loss of decision-making capacity and fetal distress
- Two-physician consent used; covert ketamine administered for safety
- Emergent cesarean under general anesthesia with complex perioperative management
- Discharged back to the correctional facility on postoperative day 8

Teaching Points



- Decision-making capacity can fluctuate and requires frequent reassessment
- Emergency consent processes are critical when no surrogate is available
- Ethical tension may arise between patient autonomy and best interest
- Care of incarcerated patients requires coordination across medical, psychiatric, legal, and security teams
- Institutional preparedness improves safety in high-risk, time-sensitive scenarios.

References: Rahim MN. Lancet. 2025;405(10477):498-513.; ACOG Committee Opinion. Obstet Gynecol. 2021;138(1):e24-e34