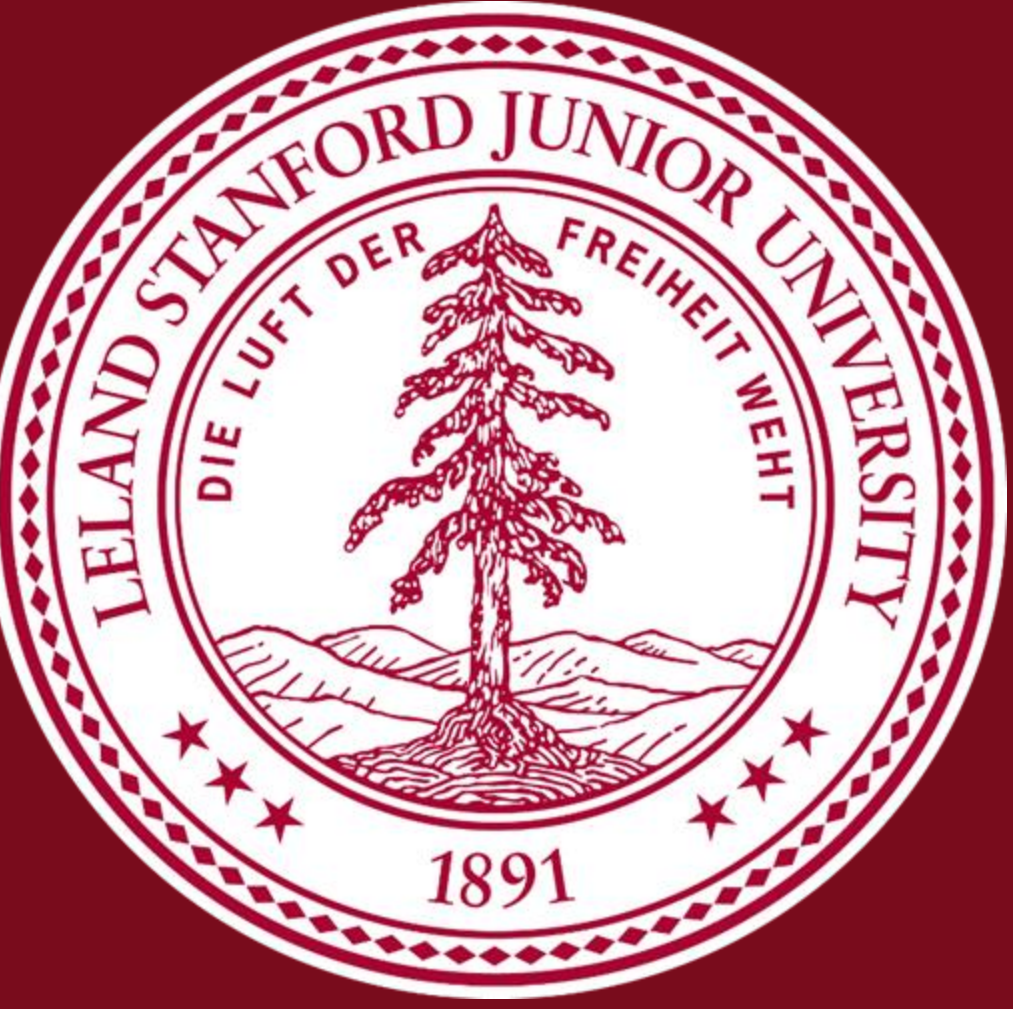




Stanford
Anesthesiology,
Perioperative
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Balancing Maternal Risk in Refractory ITP: Safety & Systems Errors with Remifentanil PCA for Labor Analgesia

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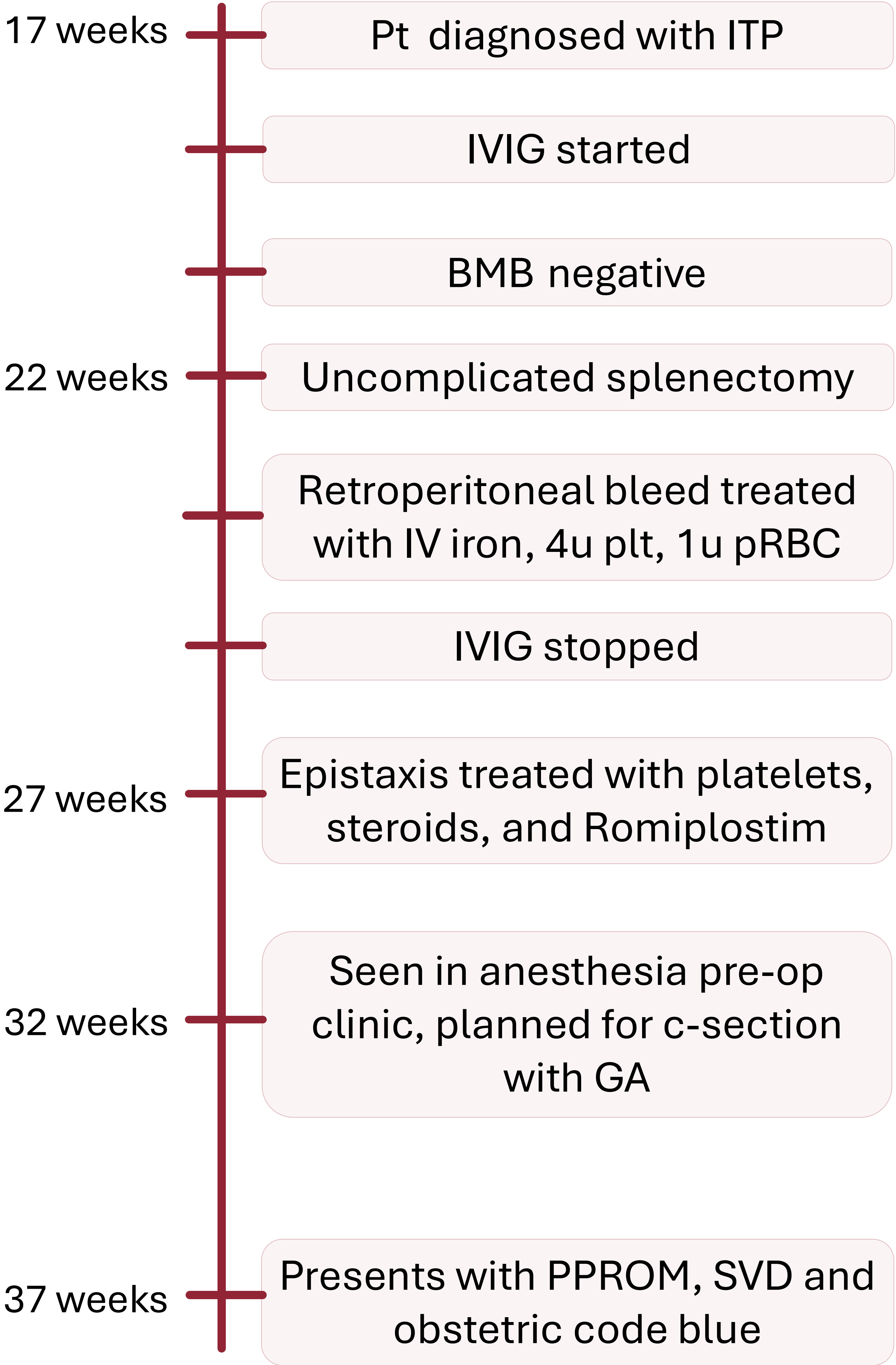
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Immune thrombocytopenic purpura (ITP) affects approximately **1-3 in 10,000** pregnancies

Low platelet counts associated with ITP present challenges for offering neuraxial analgesia during labor

Alternative anesthetic strategies include remifentanil PCA for labor analgesia or cesarean delivery under general anesthesia

Clinical Course



Past Medical and Obstetric History

- 42-year-old G1P0 at 17w presented to the ED with epistaxis, easy bruising, and petechiae was **diagnosed with ITP**
- ITP managed with prolonged steroid taper, weekly IVIG, romiplostim, and splenectomy
- At 32 weeks, patient was seen by anesthesia pre-op clinic and elected for planned cesarean under GA

Labor

- At 35+6 weeks, patient **presented with PPRom** and a platelet count of 131,000
- Patient elected for **labor augmentation with remifentanil PCA**
- Uncomplicated SVD** with QBL 484mL
- Immediately postpartum, IV bolus was started for fever and tachycardia
- Patient was found **unresponsive, hypoxemic, and with no palpable carotid pulse**
- Code blue called and patient was bagged to normal oxygen saturations with return of palpable pulses and consciousness
- Broad work up, including POCUS, was negative

Learning Points

Obstetric Code Blue

- Accidental remifentanyl bolus is a possible cause of sedation and respiratory depression
 - Dose-dependent respiratory arrests occur in laboring patients
 - This case highlights the importance of robust systems-level safety mechanisms
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Shared Decision Making

- Demonstrates the value of shared decision making during medically complex pregnancies

Bonner and McClymont, Anaesthesia, 2012

Pruefer and Bewlay, Anaesthesia, 2012