

Critical Care in Obstetrics

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Abstract

Pregnancy is a normal physiologic process that involves the pathologic states. Pregnancy has a special characteristic like utero-placental interface. This will be affected by the physiological stress as it develops pathologic states to develop, and maternal-fetal interface that affects the two lives at a time or in isolation.

Keywords: Critical care, Hypertension, Pregnancy, Resuscitation, Placenta

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Bio Markers

Maternal mortality rates are high in India when compared to other countries and the trend is declining in the recent years. From India the National Family Health Survey 4 reported that the institutional births have increased from 38.7% to 78.9%, and child births by caesarean sections increased to 17.2% from 8.5%.

Physiological Changes: During the pregnancy many physiological changes develop these may influence the resuscitation. The cardiac output increases during pregnancy due to stroke volume increase and increased maternal heartbeat.

Principles of Management of ill expectant women

The initial assessment should be same for the sick pregnant women and the critical ill non expectant should be the same. In the initial assessment airway, breathing and circulation are checked bases on them they analyze the patient and transfer them to appropriate treatment care.

There are different levels of treatment Level 0, Level 1, Level 2, Level 3, Level 4.

Level 0: These patients just need a normal ward care.

Level 1: These patients are those who are kept under observation and who are just recovering from a higher level illness.

Level 2: These patients require invasive monitoring. These patients are generally those who require support for any organ failure

Level 3: These patients are those with some serious illness and requires respiratory support along with some additional organ support as in level 2.

Level 4: These are severely ill patients who require advanced support like extra corporeal membrane oxygenation (ECMO) and intra-aortic balloon pump.

Obstetric disorders

Hypertensive disorders, Amniotic fluid embolism, Sepsis, Ovarian hyperstimulation syndrome, Cardiac Arrest in pregnancy, Ethical dilemmas in obstetric critical care.

Breast feeding

As soon as the delivery is done the doctors establish the maternal bonding. This breast feeding is contraindicated in case of some prescribed drug usage. This bonding facilitates rapid recovery from the ventilation.

Conclusion

Hereby I can conclude that during the pregnancy the patient should take the utmost care there should be regular check-ups with the specialized gynecologists. Discuss in detail and make sure to clear all the doubts.