Category :**Outcome scores/prognostication**

A8 - ***Obstetric hemorrhage as a prognostic factor in the intensive care unit***

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Introduction:

Obstetric hemorrhage remains the leading cause of maternal mortality worldwide and a common cause of admission to the Intensive Care Unit (ICU). Defined as a cumulative blood loss greater than 1000 ml or blood loss with signs or symptoms of hypovolemia within 24 h after the delivery process; severe hemorrhage is defined as blood loss greater than 2000 ml.

Methods:

We conducted a retrospective cohort study of critically ill obstetric patients admitted to ICU for obstetric hemorrhage from March 2022 to June 31, 2023. 72 medical records were reviewed after obstetric hemorrhage and admission to the ICU. Demographic data, APACHE II score, SOFA, complications were included. The data were used for descriptive analysis of the variables, percentages, means, standard deviation consequently p value (<0.05), categorical variables with X^2, Odds Ratio with 95% CI, multivariate predictors of risk factors in the ICU.

Results:

72 medical records were analyzed, average age 27±7.4 (15-49), admitted to the ICU after cesarean section, hemorrhage >1000ml: hypotension 62%, shock 37%, hypovolemia-grade III 19.4%, hypovolemia-grade IV 15.3%, rebleeding 18%. SOFA 6±2 (4-10), APACHE II 12±3 (8-18). ICU stay 5±2 (1-25) days. Bleeding volume 3261±1050 (1000-4500) ml, lactate intake 2.9±1.3 (0.9-6.4) mmol, albumin intake 2.9±0.7 (1-5.5) gr/dL. Water balance upon admission 1490±635 (300-5410) ml., 50% (n-36) had a prolonged stay > 72 hours in the ICU; shock was associated with rebleeding (odds ratio 12.9) $p < 0.05$. Association of hypoalbuminemia with rebleeding (odds ratio 1.9) p NS, grade III-IV hypovolemic shock with rebleeding (odds ratio 24.4) $p < 0.05$, acute renal failure with rebleeding (odd ratio 2.5) p NS. Mortality 5.5%.

Conclusion:

Most had massive hemorrhage, associated with elevated lactate levels and hypoalbuminemia, resulting in prolonged hospital stay and increased risk of morbidity and mortality.

References:

Werner H Rath. Postpartum hemorrhage. ACTA Obstetricia et Gynecologica Scandinavica. 2011