

Critically Ill Obstetric Patients: Much more than Meets the Eye

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Sir,

We read with interest the recently published article by Sailaja and Renuka dealing with epidemiology of critically ill obstetric patients and congratulate the authors for the same.¹

Among the other findings, an interesting differentiation of the patients was based on antepartum versus postpartum presentation at the time of ICU admission. The number of postpartum patients was in majority (77/91) as per the results section as well as Table 2 in Sailaja and Renuka¹ while categorizing patients as per trimester of pregnancy, it is depicted that only 21/91 were in postpartum period. This translates to majority of patients being in antepartum rather than postpartum period. This is a significant discrepancy that needs clarification; since it was also observed that mortality was significantly greater in antepartum patients ($p = 0.004$).

Also, we feel that may be the cause and implications of increased antepartum as compared to postpartum mortality (35% vs 5%) could have been dwelled upon further. Usual causes of ICU admission in obstetric patients in the peripartum period include preeclampsia or maternal hemorrhage, as observed in the present study also. It thus stands that medical ailments causing critical illness in obstetric patients during antepartum period, may be a greater cause of mortality than the typical peripartum pregnancy associated complications. This would translate to need of higher antenatal care for preventing maternal mortality, rather than merely focussing on peripartum complications once they arise.

Finally, the authors noted that 41% of their admissions were referred from other hospitals. We have a peculiar personal experience with such patients. In our 1500-bedded government hospital affiliated to a medical college, we witness close to 20,000 obstetric patients a year.² From our database collected for two previously published studies on critically ill obstetric patients

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including total of approximately 165 patients,^{2,3} we noted 22.4% were those referred from other health facilities. Typically, these included those with a worse SOFA score and suffered higher in-hospital mortality (37.8% versus 24.2%) ($p = 0.000$). Could the authors share any specific experience with such patients referred from other health facilities.

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