Obstetric Anaesthesia
Annual Scientific Meeting 2021 goes virtual
10-11 June 2021

Effect of primigravida, multiple pregnancy and mode of delivery on critical care interventions necessary in an obstetric high dependency unit

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	867 Primigravida vs 861 not	89 multiple pregnancy vs 1639 singleton	270 ELCS vs 787 EMCS	1057 CS vs 482 PV*
art.line	21.7% vs 24.5%, p= 0.182	20.2% vs 23.2%, p=0.596	29.6% vs 29.1%, p=0.93	29.2% vs 13.9%, p<0.0001
CVC	2.9% vs 3.4%, p= 0.659	0% vs 3.3% p=0.11	3.3% vs 4.2% p=0.657	4% vs 1.9%, p=0.0469
O2 50+%	1.8% vs 2.0%, p= 0.984	2.2% vs 1.9%, p=0.686	0.4% vs 2.0%, p=0.0881	1.6% vs 1.5%, p=0.994
single vaso	15.3% vs 14.9%, p= 0.24	19.1% vs 14.9%, p=0.353	11.1% vs 20.2%, p=0.00107	17.8% vs 12.4%, p=0.00907
multi vaso	8.5% vs 4.9%, p=0.00327	7.9% vs 6.7%, p=0.819	4.8% vs 10.8%, p=0.00504	9.3% vs 3.1%, p<0.0001

Introduction

Our two obstetric HDUs (oHDU) contribute to the Scottish Intensive Care Society Audit Group's database Wardwatcher. The software allows for additional local questions. We hypothesised that the status of primigravida, multiple pregnancy and mode and urgency of delivery would effect the severity of admission and therefore the interventions required.

Methods

Following ethical and information governance approval, data was exported from both oHDU databases 29th December 2020. Analysis conducted using R, using Chi2 and Fisher as required. Database includes 1728 admissions with complete data.

*PV is all vaginal deliveries, spontaneous and instrumental

Discussion

Operative delivery (CS) more likely to require invasive monitoring, CVC and vasoactive infusions (single and multiple). EMCS alone more likely to require vasoactive infusions, single or multiple. There are no significant differences with regards to multiple pregnancies but there is a greater proportion admitted to oHDU (5%) vs 1% of total deliveries. When considering primigravida vs not; the only difference is increased multiple vasoactive drug administration, we can not explain this, needs further investigation. PPH is the most common reason for patients to be admitted to oHDU and is more common is patients requiring operative deliveries and indeed EMCS and may be the reason for the findings here with regards to intervention modalities.

References

1.https://www.rcoa.ac.uk/sites/default/files/documents/2019-09/EMCGuidelines2018.pdf. Accessed 05/02/2021