



Cast 33 – Cardiac Arrest in Pregnancy

A 35-year-old woman, 30 weeks gestation, presented with shortness of breath and chest pain for the last 2 days.

On examination, the woman was afebrile and orthopnoeic with mild pallor while coughing up pink frothy sputum.

RR 34

Sats 90%RA

BP 100/60

HR 120

Her ECG showed chronic LBBB. Chest X-ray shows features of cardiomegaly and pulmonary oedema.

- (a) List 6 conditions specific to pregnancy which may result in right or left heart failure or both. (6 marks)

Underlined + 3 others out of below

- Peripartum cardiomyopathy
- Massive Pulmonary Embolism
- Pre-eclampsia
- Myocarditis
- Sepsis
- Worsening of Pre-existing rheumatic heart disease
- Pituitary apoplexy
- Tocolytic pulmonary oedema
- Myocardial infarction
- Pre-existing Cardiomyopathy

- (b) State criteria that form the definition of peripartum cardiomyopathy. (2 marks)

Echo evidence of idiopathic cardiomyopathy +

1. that occurs during a 6 month period peripartum (1 month pre and 5 months postpartum)
2. other identifiable causes excluded



This patient has a cardiac arrest.

(C) List the 2 criteria for a perimortem c-section? (2 marks)

- Maternal arrest within 4 minutes
- **AND**
- >24/40 gestation (Alternatively use fundal height above umbilicus)

(D) List 2 adjustments you can make to ALS in a pregnant cardiac arrest patient. (2 marks)

- CPR in left lateral position (15-30 deg tilt).
- Manual uterine displacement to relieve aortocaval compression.

Have to mention one of above and then others below may be accepted as well.

- Hands slightly higher on sternum for chest compressions (also accepted)
- IV access above diaphragm
- Early intubation
- Prepare for perimortem c-section