

Non-obstetric causes of admission in obstetric intensive care unit

Thesis

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LIST OF ABBREVIATIONS

ABG	Arterial blood gases.
ACEI	Angiotensin-converting enzyme inhibitors.
ACHD	Adult congenital heart disease.
ALI	Acute lung injury.
AMI	Acute myocardial infarction.
APO	Acute pulmonary oedema.
APS	Antiphospholipid antibody syndrome.
ARB	Angiotensin receptor blockers.
ARDS	Acute respiratory distress syndrome.
AS	Aortic stenosis.
ASA	Acetylsalicylic acid.
ASD	Atrial septal defect.
ATS	American Thoracic Society.
AVM	Arteriovenous malformation.
BP	Blood pressure.
CAD	Coronary artery disease.

CAP Community-acquired pneumonia.

CARPREG Canadian Cardiac Disease in Pregnancy.

CD Coronary artery dissection.

CHD Congenital heart disease.

CHF Congestive heart failure.

CMP Cardiomyopathy.

CVD Cerebrovascular disease.

CVP Central venous pressure.

CVT Cerebrovascular thrombosis.

DKA Diabetic ketoacidosis.

DM Diabetes mellitus.

DVT Deep venous thrombosis.

ECLS Extracorporeal life support.

EGDT Early goal-directed therapy.

EKG Electrocardiography.

ELISA Enzyme-linked immunosorbent assay.

ESC European society of cardiology.

FDA Federal Drug Administration.

FEV1..... Forced expiratory volume in one second.

GDM..... Gestational diabetes mellitus.

GINA Global initiative for asthma.

HBP High blood pressure.

HCTZ Hydrochlorothiazide.

HF Heart failure.

HIT Heparin-induced thrombocytopenia.

HIV Human immunodeficiency virus.

ICD Implantable cardioverter– defibrillator.

ICH..... Intracranial hemorrhage.

ICU Intensive care unit.

IHD Ischaemic heart disease.

IL-6..... Interleukin-6.

IMV Invasive mechanical ventilation.

LABA Long acting beta2 agonist.

LAD Left anterior descending artery.

LBW Low birth weight.

LM Left main artery.

LMWH..... Low-molecular weight heparin.

LV Left ventricle.

LVAD Left-ventricular assist device.

LVEF Left ventricular ejection fraction.

MAP..... Mean arterial pressure.

MDG..... Millennium Development Goal.

MgSO₄ Magnesium sulphate.

MMR Maternal mortality ratio.

MODS..... Multiple organ dysfunction syndrome.

MRAs Mineralocorticoid-receptor blockers.

MRI Magnetic resonance imaging.

MS..... Mitral stenosis.

NSAIDS..... Non-steroidal anti-inflammatory drugs.

NYHA..... New York Heart Association.

PASS..... Pregnancy-associated severe sepsis.

PDA Patent ductus arteriosus.

PEF Peak expiratory flow.

PEFR Peak expiratory flow rate.

PG's Prostaglandins.

PPCM Peripartum cardiomyopathy.

PPH Postpartum haemorrhage.

PR Pulmonic regurgitation.

PRES Posterior reversible encephalopathy syndrome.

PS Pulmonic stenosis.

PTE Pulmonary thromboembolism.

RAST Radioallergosorbent test.

RCA Right coronary artery.

RCVS Reversible cerebral vasoconstriction syndrome.

RHD Rheumatic heart disease.

ROPAC Registry on Pregnancy and Cardiac Disease.

r-tPA Recombinant tissue plasminogen activator.

S.C Subcutaneous.

ScvO₂ Central venous oxygen saturation.

SOFA Sequential Organ Failure Assessment.

SPT Skin prick tests.

SSC Surviving Sepsis Campaign.

STAT3 Signal transduction and activator of transcription 3

SvO2 Mixed venous oxygen saturation.

TIA Transient ischemic attack.

TNF- α Tumor necrosis factor alpha.

TTE Transthoracic echocardiogram.

UFH Unfractionated heparin.

VHD Valvular heart disease.

VSD Ventricular septal defect.

VTE Venous thromboembolism.

WHO World Health Association.

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Women of Childbearing Age

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INTRODUCTION

The major reasons of maternal death are complications associated with the pregnancy-puerperal period, represented primarily by hypertensive and hemorrhagic complications, and puerperal infections. Over the past years, due to the efforts aimed at decreasing maternal mortality (MM), a reduction in MM because of the above mentioned reasons has been observed; this reduction has been more marked in developed countries, but it has also been remarkable in developing countries. Consequently, a relative rise in mortality because of secondary reasons, like heart and respiratory diseases, has been observed. **(Lelong et al., 2013)**

Most females admitted at the ICU have an obstetric diagnosis as cause of hospitalization (50-80%); however, these females tend to have a better prognosis when compared to females

admitted to the ICU for clinical causes. **(Lelong et al., 2013).**

The most frequently found clinical conditions were: heart diseases, venous thromboembolism, sepsis and septic shock, severe asthma, acute pulmonary edema, pneumonia (community-acquired and hospital-acquired), epilepsy, diabetic ketoacidosis. **(Lelong et al., 2013)**

Cardiac disease is a leading reason of maternal death in pregnancy in many developed countries. cardiac diseases as: ischemic heart disease, Peripartum cardiomyopathy, Rheumatic heart disease, Congenital heart diseases. **(Warnes, 2015).**

Pregnancy is associated with physiologic and anatomic changes that raise the hazard of thromboembolism. **(Horellou et al., 2015)**