

## Obstetric hemorrhage and anesthesia management

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**M**assive Hemorrhage is a leading cause of maternal mortality and morbidity. According to the triennial "Saving Mothers Lives Report" from UK, (Confidential Enquiries into Maternal Deaths in UK 2003-2005) severe hemorrhage was present in 4.5 per 1000 deliveries. The subsequent report (2006-2008) showed a small decline in maternal deaths from bleeding, presumably due to better planning and preparations in anticipation of massive blood loss during delivery. The most common causes of *ante partum* bleeding are placenta previa, and placental abruption and uterine rupture. Uterine atony is the commonest cause of *post partum* hemorrhage and should be anticipated in patients with various risk factors such as over-distended uterus as in multiple gestations and twin pregnancies and infections such as chorioamnionitis. The anesthetic management is based on the etiology and severity of hemorrhage, the presence of co-morbidities and the urgency of the situation. All patients at risk for hemorrhage should be identified during the prenatal visits and a multidisciplinary team consisting of obstetricians, anesthesiologists, and radiologists should formulate plans for delivery and anesthesia. The massive hemorrhage treatment protocol should be activated if need arises. Preoperative airway assessment, placement of large bore intravenous lines and invasive monitoring lines such as arterial and central venous line may be necessary before anesthesia. Other measures such as prophylactic internal iliac artery balloon placement, embolization therapy, arterial ligation etc. need consideration. Finally cesarean hysterectomy and massive blood loss should be anticipated. In summary, the current consensus is that, in most cases, maternal deaths from peripartum hemorrhage are preventable. Proper planning and a multidisciplinary team approach is absolutely vital for the successful obstetric and anesthetic management of the mothers at risk for massive peripartum hemorrhage.

### Biography

Jaya Ramanathan is a Professor, Dept. Anesthesiology and Director, Obstetric Anesthesia Division, Regional Medical center, Memphis (MED). The MED has a high-risk Obstetric Unit with approximately 4000 deliveries per year. This is a teaching hospital with an active OB residency and fellowship program. Primary research interest involves hypertensive disorders of pregnancy and has managed to publish more than 40 articles and textbook chapters.

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