Evening Medical Update: Maternal Medicine, Paediatrics and Genetics
April 2022

Acute medical problem in pregnancy – Dr Anne Armstrong, Consultant Obstetrician, NHS Lothian

Can you please comment on Use of YEARS diagnostic algorithm and adjusted D-dimer use in Pregnancy?
There is no validated scoring system for use in pregnancy and the advice from both MBRRACE and UKOSS are that D-Dimers should not be used in pregnancy. Fatal PE has occurred with negative D-Dimer. Leading direct cause of maternal death.

If the patient gets Covid 19 before 26th week, do we still give thrombophylaxis?
Covid is a single risk factor. If admitted with Covid symptoms – irrespective of gestation - patients should be discharged with 10 days weight based thromboprophylaxis.

- If less than 28 weeks and have 3 other risk factors e.g. Smoker (1) and BMI 40 + (2) and Covid positive (1) - Score is 4 and therefore 10 days
- If 28 weeks + and 2 other risk factors e.g. Para 3+ (1) and BMI 30-39.9 (1) and Covid positive (1) – offer 10 days.

Postnatal risk assessment – would only require 1 other risk factor e.g. Age over 35 and Covid.

NB – you become a para 3 when you deliver your third baby (para 3 or more is a risk factor).

Thrombolysis in post-partum is contraindicated?
No - particularly for high risk PE. (ESC Guidelines for the diagnosis and management of acute PE). Neither pregnancy, postpartum period nor CS are contraindications. Obviously senior level MDT decision making is required.

What is your experience on thrombolysis of massive PE at in the various trimesters?
2 cases both postnatal.
PE -

- Young, BMI 27, presents to A&E 12 days post EMCS and PPH 1.2L.
- Presented with collapse – seen and discharged from A&E as a faint.
- Recalled back and collapsed again at home on phone.
- CTPA – showed large saddle embolism.
- Initial IV heparin – switched to therapeutic LMWH – collapsed again in ITU – CTPA – further clot burden.
- Thrombolysed successfully.
- No PPH or concerns with haemorrhage

Involved in review of
STROKE

- 32 year old teacher post SVD – sudden onset unilateral weakness and dysarthria ~ 6 hours post-delivery.
- Medical review and transferred to medical ward.
- Discussion with partner – advocate for wife – high function and decision to thrombolyse.
- Given thrombolysis.
- Subsequent PPH required EUA in theatre and Bakri balloon.
- Complete resolution of symptoms and function.

Learning outcomes –

- Senior level MDT prior to administering.
- Perform in HDU/ITU setting
- Anticipate PPH – i.e. start syntocinon infusion/early transfer to theatre to manage PPH.