SNIPPETS OF CRMD MEETING ON 26/06/2022 AT TOGS ACADEMIA THRISSUR

A total of 76 cases of 2021-2022 were discussed in a confidential manner. The causes were as follows:

Covid	37
Suicide	12
PPH	4
Intracranial haemorrhage (2 cases secondary to hypertension)	4
Pulmonary embolism	3
Amniotic fluid embolism	2
Hyperemesis	2
Bronchopneumonia	2
Hypertensive disorder	1
Rupture uterus	1
Post COVID	1
SLE flare	1
AFLP	1
Catastrophic APLS (Antiphospholipid antibody syndrome)	1
Homicide	1
Unknown	3

We analysed each of these deaths and subcategorised into the following :

TYPE OF DELAY	**NUMBER**

1.Delay from the part of patient and family	3
2.Delay in reaching the institution	0
3.Delay after reaching the institution	5
4.No delay identified	47
5.Cannot comment	21

AVOIDABLE OR NOT	**NUMBER**
1.Unavoidable	45
2.Avoidable in an average medical setting	2
3.Avoidable only in the best settings	8
4.Cannot comment	23

COVID : Subanalysis

We had 37 COVID deaths among the 76 deaths analysed ; last Snippets also we had analysed 37 COVID deaths. Majority of the deaths were in April – May- June 2021 , the second wave of Delta .

Period of gestation (COVID deaths)	**NUMBER**
First trimester	1
Second trimester	10
Third trimester	21
Post natal	3
Unknown	2

Mode of delivery (COVID deaths)	**NUMBER**
Caesarean / Hysterotomy	20
Vaginal delivery	5
Undelivered	7
Post natal	3
Unknown	2

Observation : 26 year old G2P1L1 at 12 weeks referred to Medical College with H/o hyperemesis and acute onset of weakness of all four limbs . On admission, conscious , oriented , SpO2 – 100%, COVID neg, Potassium – 2.2 , diagnosed as hypokalemic quadriparesis and started on Potassium infusion . Next day she developed respiratory distress and seizures. Intubated , Potassium infusion and Antibiotics continued. Could not wean off ventilator , again had seizures and persistent hypokalemia , went into arrest and expired on day 4 of admission.

Recommendations :. We had 2 deaths due to hyperemesis in the present series which is very unfortunate. The diagnosis seems to be consistent with Wernicke's encephalopathy , the treatment of which should be Injection

Thiamine 200 mg 8th hourly in 100 ml NS IV. The prophylactic dose is 100 - 200 mg once a day for 3-7 days. Thiamine deficiency leads to Beriberi. (Dry : Neurological involvement , Wet : Cardiovascular involvement) Wernicke's encephalopathy and Korsakoff's psychosis are different stages of Dry Beriberi

Observation: Suicide has become the leading cause second only to COVID , taking a toll of 12. Two of them were COVID positive too. 9 of them ended their life by hanging , 2 by poisoning and one by drowning. Only one of them was known to be on antipsychotic drugs

Recommendation : The stress of the Post COVID era , the influence of social media, lack of social support and financial concerns play a major role . Simple scoring like HAM-D is a very popular freely available scoring system which can pick up any depressive illness which might require intervention

Observation : 29 year old Primi at 40 weeks admitted with mild pains, induced with Foley's catheter and 24 hours later Misoprostol Sublingual 25 microgram 2 hours apart for 3 doses . Outlet Forceps delivery, baby weighing 3.35 kg. Cervical tear sutured , had atonic PPH, managed medically but patient went into shock and referred to medical college . Died on the way. Was found to be COVID positive after death.

Recommendation: This death is discussed here to highlight the deviation in practice from the standard protocols including KFOG protocol. We recommend only Oral PGE1 50 Microgram , following Foley's and Extra amniotic saline instillation . Could have used the First aid in PPH like Transvaginal uterine artery clamp and suction cannula. We are still losing many mothers in transit , it shows that unstable patients are still getting transported unassisted.

Observation: A 34 year old Primi at 32 weeks treated for infertility with twins underwent LSCS for APH, had posterior wall rupture which was repaired .

Cardiac arrest on table resuscitated and referred to higher centre. On admission , patient in cardiac arrest, ROSC (Return of spontaneous circulation) after 3 cycles of CPR. Hb- 4 g%, ventilated , vasopressors, blood and products given CT angio abdomen : B/L Large rectus sheath hematoma, active bleeding points in uterus . SGOT/PT in 4000s, attempted correction of DIC , MTP (Massive transfusion protocol) activated . No surgical intervention as unstable , could not be revived.

Recommendation: The learning point is that Rupture is not rare in Primis , posterior rupture can be a silent killer . In many cases discussed in our meetings , we notice that the post resuscitation events are taking the toll , with the message that continuum of close care is a must in Obstetric mishaps , typical example being Post AFE resuscitated patients going in for DIC and atonic PPH (Ref :Why Mothers Die, Kerala 2010-2020)

Other Recommendations :

AMTSL should be practised during all Vaginal deliveries and Caesarean section and should be documented too. There is absolutely no contraindication to KFOG AMTSL protocol. No need for any dose or route modification too.

The Golden Hour after delivery is replaced by the Golden 3-4 minutes where we have to identify the bleeding and take steps to arrest bleeding and correct hypovolemia.

Use Tranexamic acid early in the course of PPH

Be aware about MIS- A (Multisystem inflammatory Syndrome – Adults) for upto 3 months post COVID

In hypertensive disorders, Eclampsia is not the killer but intracranial hemorrhage is , antihypertensive treatment is as important as seizure management (Magsulph is not an antihypertensive)

Catastrophic APS is diagnosed when 3 or more organs are involved in less than a week with lab confirmed APLA on 2 occasions 12 weeks apart. Cyclophosphamide and IV Ig are the treatment.