

Mechanical ventilation 'no increased risk' of mortality in pregnant patients

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Researchers in Columbia, South America, conducted a retrospective observational study within six hospitals to identify risk factors of maternal mortality in mechanically ventilated pregnant patients.

The study included 2,116 obstetric patients, with the median age of 26, who were admitted to the ICU and who required [mechanical ventilation](#) for more than 24 hours between. Survivors and nonsurvivors were compared using univariate statistics and logistic regression. In addition, a discrimination analysis was conducted continuously on clinical and laboratory variables, to best evaluate their ability to predict mortality.

Of the 2,116 patients, 299 (14 percent) pregnant women within the study had [acute respiratory failure](#) and required mechanical ventilation. Obstetric hemorrhage, hypertensive disorders of pregnancy and maternal sepsis were the most common indications for mechanical ventilation. Factors related to higher mortality included the use a vasopressor, blood transfusions, neurological dysfunction, coagulopathy and ARDS.

"The mortality related to mechanical ventilation in obstetric patients has the same associated factors as in the non-obstetric population," says Dr. Jose A. Rojas-Suarez, lead researcher. "The results show that ARDS, the presence of coagulopathy and [neurological dysfunction](#) are clinical factors associated with mortality."

Further results from these two studies will be shared at CHEST Annual Meeting 2018 in San Antonio on Monday, Oct. 8, 7:45 a.m. to 8:00 a.m.,

at the Henry B. Gonzalez Convention Centre, Room 206A. The study abstracts can be viewed on the journal [*CHEST*](#) website.

More information: HUGO ANDRES PEREZ RAMON et al, MATERNAL MORTALITY DURING MECHANICAL VENTILATION: A MULTICENTER COHORT IN COLOMBIA, *Chest* (2018). [DOI: 10.1016/j.chest.2018.08.348](https://doi.org/10.1016/j.chest.2018.08.348)

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