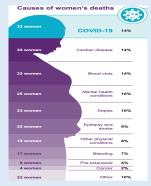
# Systemic Thrombolysis for Treatment of Massive Pulmonary Embolism Following a Postpartum Haemorrhage

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#### Introduction

- VTE is one of the leading causes of direct maternal death
- Occurs in 1/1,000 pregnancies
- 20x risk in puerperium
- Increased use of antenatal LMWH following improved antenatal risk stratification

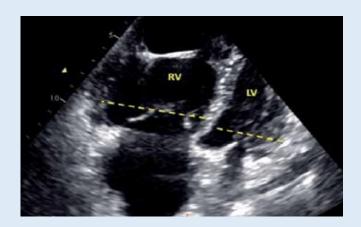


MBRRACE-UK, Maternal deaths 2019-21. Oct 2023

# What happened?

- 36-year-old para 2, 2 previous NVD
- Admitted 33<sup>+4</sup> weeks with severe pre-eclampsia
- Deterioration Day 11 uncontrolled HTN despite triple antihypertensive therapy, significant nondepedent peripheral and pulmonary oedema
- Precipitous labour and delivery
- Massive PPH > 3 litres
- PEA cardiac arrest
- No sustained ROSC despite correction of blood volume

- Bedside ECHO showed dilated right ventricle and ECG: RBBB, Right axis deviation
- Decision to perform thrombolysis for presumed PE
- Transferred to ICU, rapid recovery next 24 hours
- CTPA confirmed PE



### What do we know?

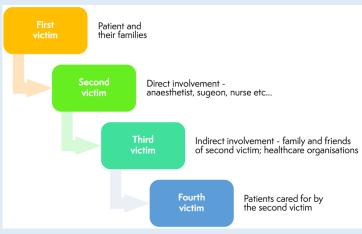
- Incidence of cardiac arrest in obstetric population 1 in 12,700
- PET increases the risk of VTE by 5 fold
- Risk is multifactorial
- Decision for administering thrombolysis requires senior MDT input
- Unfractionated Heparin Vs Thrombolysis
  - Meta-analysis; thrombolytic therapy more effective recurrent PE or death
  - Anticoagulant alone will not reduce obstruction in circulation

## Systematic review of thrombolysis in pregnancy:

Complication	Number affected (n = 141)
Death	4 (2.8%)
Major Bleeding	12 (8.5%)
Mild/moderate Bleeding	13 (9.2%)
Fetal death	2 (1.4%)

# Summary

- Thrombolysis should not be withheld in cases of lifethreatening PE but requires multidisciplinary input
- Thrombolysis should not be withheld during pregnancy when indicated
- Case highlights the need to further develop guidance
- The psychological impact on patients and staff cannot be underestimated and a robust debriefing process is essential



NAP 7:perioperative cardiac arrest, Nov 2023

#### References