

An audit on Obstetric ICU admission in Teaching hospital Jaffna (THJ)

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Introduction

Maternal Morbidity and Mortality could be reduced by managing critically ill obstetric patients in Obstetric Intensive Care Unit (OICU) /High Dependency Unit with multidisciplinary input. Teaching Hospital Jaffna is the only tertiary hospital in Northern Province treating high risk obstetric patients.

Objectives

This study was aimed to categorize the admissions according to the level of care provided, to identify reasons for OICU admission and distribution of the maternal conditions leading to OICU admissions and observe the maternal & fetal outcome in patients admitted to OICU.

Methodology

A prospective audit was carried out for a three months period in OICU Teaching Hospital, Jaffna. Levels of Critical Care for adult patients (ICS 2009) was used define care level.

Results

All 25 patients who were admitted to Obstetric ICU were analyzed. 22 (88%) were admitted during the postpartum period and the rest were antenatal patients. 23 patients (92%) survived and there were 2(8%) maternal deaths due to postpartum sepsis and severe HELLP syndrome. Level 1 care was provided for 21 (84%) patients and level 2 care was provided to 4(16%). The commonest indication for admission was post-partum observation for Hypertensive disorders of pregnancy (48%) followed by postpartum haemorrhage (28%).

Regarding neonatal outcomes, there were only 3(12%) neonatal deaths and the rest survived (88%). There was no direct transfer from other hospitals to ICU.

Conclusion

As the majority of care in OICU was given for post-operative monitoring of patients, this care could be provided through establishing improved monitoring facilities with high dependency unit (HDU) in maternity wards. This may reduce the ICU bed requests in future and improve the care provided.

Managing obstetric haemorrhage is still important in maternity care and more resources and training need to be allocated to manage it.