

Joint Event

**Public Health, Women's Health, Nursing and Hospital Management**

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**Peripartum Intensive Care: Experience in a New York City urban hospital setting****Deena Elkafrawi, Carmen Sultana, Kecia Gaither and Cassandra Henderson**

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Critical care in pregnancy continues to be an understudied field in obstetrics and gynecology. In the United States, approximately 1-3% of pregnant women need critical care during pregnancy. Death will occur in approximately 2-11% of these admissions. Non-obstetrical indications are the leading causes gravid women need critical care during pregnancy. In the South Bronx, one of the most socio-economically disadvantaged patient populations in New York City, we conducted a retrospective chart review of intensive care admission in the antepartum period and up to six weeks post-partum at Lincoln between January 2014- January 2017. We hoped through our study to establish the typical patient profile in our population who warrants critical care in pregnancy, hence better targeting this subset of patients before critical care. Variables studied were age, body mass index, hypertensive disorders of pregnancy, diabetes, ethnicity, prenatal care, pulmonary disorders, and substance abuse. A total of 73 admissions were found, 54.5% were antepartum and 45.2% were postpartum. Of the antepartum admissions, 8 were due to sepsis, 6 secondary to diabetic ketoacidosis, and five for respiratory dysfunction. Irrespective of time of admission, sixteen were for preeclampsia, six secondary to postpartum hemorrhage and three cardiomyopathy. 22 antepartum patients had no prenatal care, while three postpartum patients had no prenatal care. Eleven antepartum patients had substance abuse, while only four postpartum patients. African American women were likely to have no prenatal care and admitted in the antepartum period, while Latinas tended to be obese and admitted in the postpartum period

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