Late Perimortem Cesarean Delivery: An Ethical Challenge

Muhammad Ajmal* and Michael Carey

Department of Perioperative Medicine, Coombe Women and Infants University Hospital, Dublin, Ireland

*Corresponding author: Muhammad Ajmal, Department of Perioperative Medicine, Coombe Women and Infants University Hospital, Dublin, Ireland, Tel: +44 7575770303; E-mail: ajmal_c@hotmail.com

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To the Editor

Systematic review of the cases describing the management of cardiac arrest during advanced pregnancy enhanced our understanding of Cardiopulmonary Resuscitation (CPR) in these women [1]. The application of effective left lateral uterine displacement and incorporating the 4-minute rule to perform Perimortem Cesarean Delivery (PCD) during a CPR has saved the lives of many foetuses and mothers in hospital settings [2]. On the other hand, CPR during out-of-hospital cardiac arrest in advanced-pregnancy still poses a major challenge to Emergency Medical Technicians (EMTs) responding to a call. The maternal and fetal outcome is mostly very poor in such cases [3].

During a recent experience and observation in the early morning hours, a 2-member team of EMTs was alerted of a previously healthy full-term pregnant woman was brought to an operating room in their fetuses as it is time consuming and also reduces quality of the CPR [5]. This situation is an ethical challenge for medical personnel and requires a consensus and guideline to build that how much late after a persistent maternal cardiac arrest will be too late to go for a PCD even if some fetal cardiac activity is discovered on ultrasonography [6]?

References