**LIVING MY WORST NIGHTMARE: MATERNAL CARDIAC ARREST**

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**Introduction**:

Perimortem caesarean section (PMCS), is the surgical delivery of the fetus, performed within 4 minutes of witnessed maternal cardiac arrest (CA). It is a resuscitative procedure done beyond 23 weeks of gestation, aimed for increased survival chances for mother and fetus. We, hereby present a case of PMCS in a District Hospital with favorable maternal outcome.

**Case Description**:

A 22 years old, un-booked, Gravida 3, Parity 0+2, presented to Emergency Department (ETD) at 5 pm with generalized tonic-clonic seizures since 8am. Red Alert Protocol was activated for eclampsia. Intravenous loading of Magnesium Sulphate was given while securing the airway. Patient arrested during intubation, cardiopulmonary Resuscitation (CPR) and PMCS was initiated. Airway was secured and intravenous crystalloids boluses of 20ml/kg infused. PMCS was performed by obstetric trained district Medical Officer. Still birth fetus delivered 10 minutes of CPR initiation. Massive Transfusion Protocol initiated during PMCS. A total of 3 unit of packed cells and 4 units of fresh frozen plasma given. Patient revived after 30 minutes of arrest and her vitals were blood pressure of 160/101 mmHg, heart rate of 100 beat per minute and saturated at 100% on ventilator. Her blood pressure was further controlled with labetalol and magnesium sulphate infusions. Patient was transferred to a tertiary hospital ICU. She was intubated for 8 days, admitted in ICU for total of 14 days, then discharged from the general ward after 8 days with no neurological deficit.

**Discussion**

Maternal CA posts various challenges in terms of resuscitation and stabilization.

PMCS aims to improve maternal cardiac output by relieving aortocaval compression and reduce uterine flow. Hospital Tuaran is a district hospital situated 30 km from the nearest tertiary hospital. We faced challenges in terms of equipment, experience, and logistics. Nevertheless, team dynamics, hospital alert systems and inter-facility transfer system contributed to the favorable outcome in this patient.

**Conclusion**

Maternal cardiac arrest is rare in many emergency departments. Nevertheless, respond pathways, equipment, and skill to perform PMCS should be in place especially in a district hospital to ensure better chance of survival for mother and fetus.

**Keywords**

PMCS, maternal cardiac arrest