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Research Article

**OUTCOMES FOR GYNAE AND OBS PATIENTS: STUDY  
FROM THE INTENSIVE CARE UNIT OF LUMHS HOSPITAL**Erum Smreen<sup>1</sup>, Naheed Parveen<sup>2</sup>, Madiha Abbasi<sup>3</sup><sup>1</sup>MBBS, FCPS(Gyne/Obs), Assistant Professor, Department of Gynecology and Obstetrics,  
Liaquat University of Medical and Health Sciences Hospital, Hyderabad, Pakistan<sup>2</sup>MBBS, FCPS(Gyne/Obs), Associate Professor, Department of Gynecology and Obstetrics,  
Liaquat University of Medical and Health Sciences Hospital, Hyderabad, Pakistan<sup>3</sup>MBBS, FCPS(Gyne/Obs), Senior Registrar, Department of Gynecology and Obstetrics,  
Liaquat University of Medical and Health Sciences Hospital, Hyderabad, Pakistan**Article Received:** February 2020**Accepted:** March 2020**Published:** April 2020**Abstract:**

*Gynecology and obstetrics department is faced with huge number of patients ranging from milder female problem to surgeries of various natures. Some of them need only OPD opinions while others need may need to be hospitalized. Few admitted patients may need to be shifted into intensive care units due to their critical condition of various origins. To estimate the outcome of our ICU admitted patients we conducted this study and explored our retrospective data for those patients which were shifted from the department of gynecology and obstetrics during 2018 to 2019. We found that there were 110 patients were shifted to ICU out of which 26 (23.64%) were gynecology cases while 84 (76.36%) of them were obstetric cases. There were 73 (66.36%) which resulted in death and 37 (33.63%) were those which improved. Majority of the patients were of eclampsia followed by postpartum hemorrhage.*

**Conclusion:** *Obstetric cases are more associated with bad outcome (mortality) in comparison to gynecology cases*

**Corresponding author:****Dr. ERUM Samreen,**

MBBS, FCPS (Gyne/Obs),

Assistant Professor,

Department of Gynecology and Obstetrics,

Liaquat University of Medical and Health Sciences Hospital,

Hyderabad, Pakistan

Email: [siddiqui@yahoo.com](mailto:siddiqui@yahoo.com)

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**INTRODUCTION:**

Emergencies in gynecology and obstetrics are really great challenge for both gynecologists and obstetricians respectively as these cases are very sensitive in various social perspectives. An important issue in obstetric emergencies is the threat to two lives the mother and the fetus that requires a highly equipped and expertized environment of an intensive care unit. The obstetric patients which deserve the ICU admissions varies from 0.08 -0.76% among developed countries while 0.13-4.6% in the developing nations due to multiple reasons like admission criteria, availability beds as well as high dependency unit and the socioeconomic conditions [1,2]. Mortality rates also vary in ICU admitted cases from country to county ranging between 0-4.9 % in the developed while from 2% to as high as 43.63 % in the developing countries [3-5]. The most common causes for ICU admission are the hypertension and hemorrhage along with other factors like severe anemia, sepsis and cardiac diseases [6,7]. Maternal age, technology assisted pregnancies and chronic disease are also contributing to high risk pregnancies [8]. Maternal mortality rate in Korea in year 1995 was 20/100,000 live births which is now between 10–11 and the probable reason seems their intensive care quality [9, 10]. In this current study we have tried to explore, analyze and compare the obstetrical and gynecological ICU admissions at the Liaquat University of Medical and Health Sciences hospital.

**METHODOLOGY:**

This study was conducted on patients who were shifted to ICU for critical care from the department

of gynecology and obstetrics of Liaquat University of Medical and Health Sciences from January 2018 to May 2019. The data was collected from the departmental record including all those patients who were admitted to ICU and excluding those who were not shifted to ICU. The data was analyzed for outcome evaluation purpose and to estimate the ratio between the gynecology and obstetrics cases. Further comparison was made for good and bad outcomes between gynecological and obstetrical cases using Chi-Square while the frequency and percentage was calculated for various cases.

**RESULTS:**

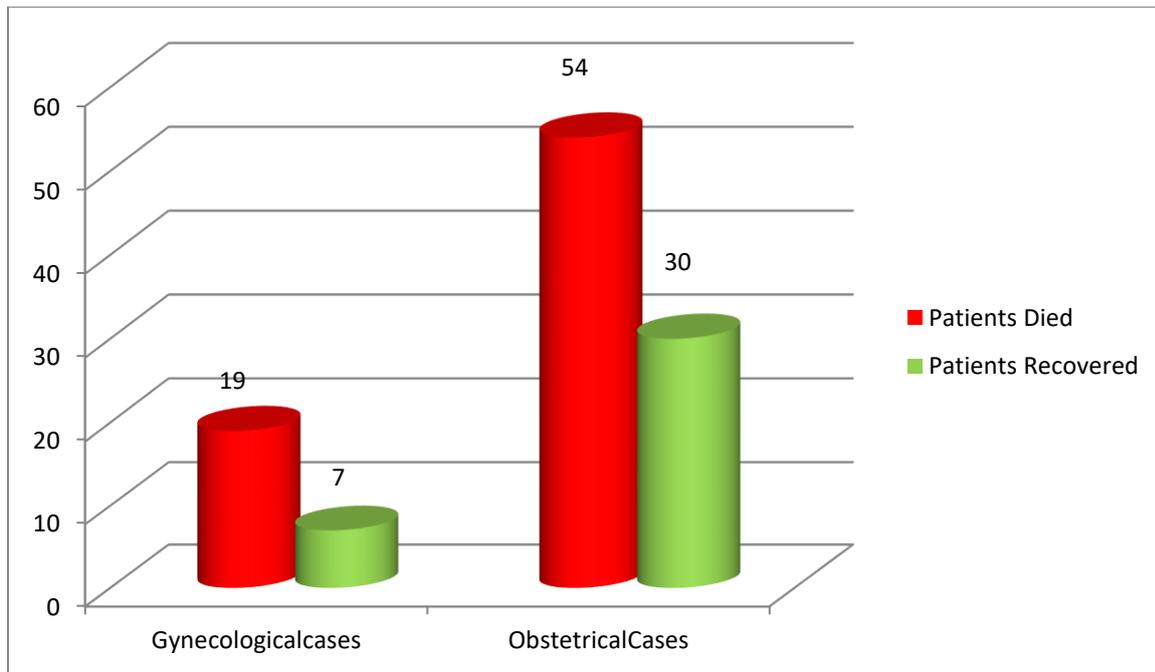
WE found 110 patients were transferred from Obs/Gyne department out of them 23.64% (26) belonged to gynecology and 76.36% (84) were the obstetric cases and the mean age of patients was 28.8 years. The bad outcome (death) was seen in 66.36% (73) patients out of which 17.27% (19) patients were of gynecological disorders whereas 49.09%(54) were obstetric cases. There were 33.63% (37) patients which improved 6.37%(07) of them were gynecological cases and 27.27%(30) were obstetric cases[Table-1, Figure-1]. The disease responsible for death was Eclampsia in 16(21.91%), Antepartum Hemorrhage in 08 (10.96%), Postpartum Hemorrhage in 13 (17.81%), Anemic failure in 06 (8.22%), Respiratory Failure in 08 (10.96%), Cardiac Arrest in 10(13.70%), Sepsis in 07 (9.59%), Hepatic failure in 02 (2.74%) and Multiple Organ Failure in 03(4.11%) of patients [Table-2,figure-2].

**Table-I: Comparison between outcomes of gynecological and obstetrical cases**

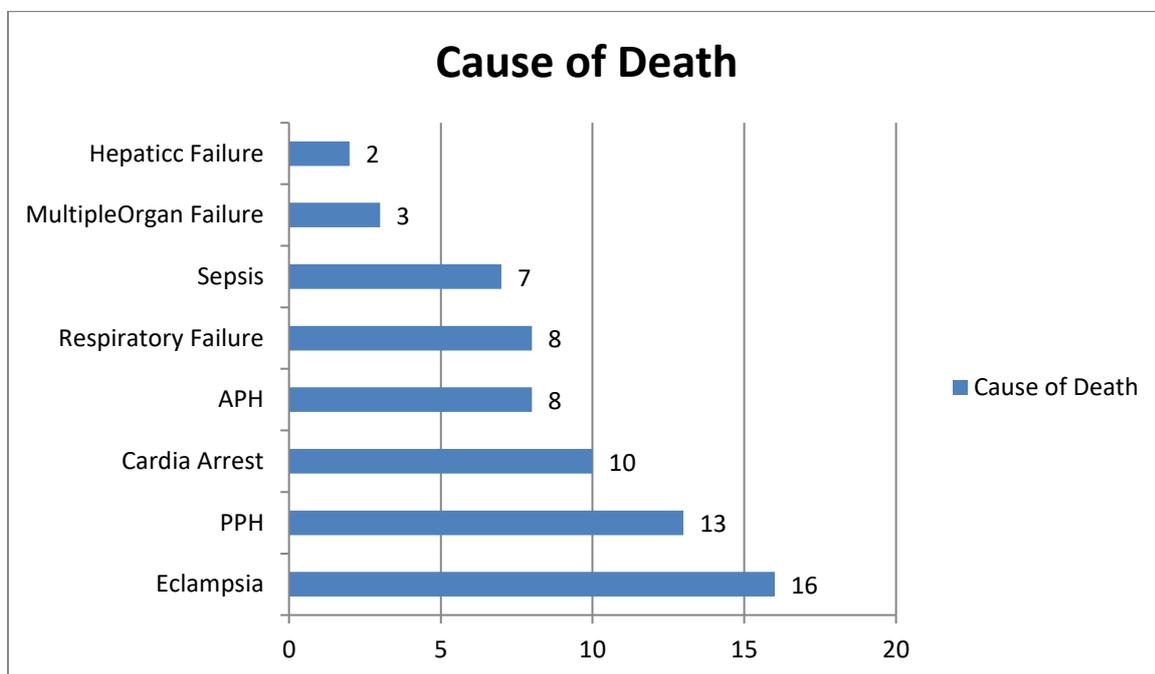
Parameters	Gynecological Cases	Obstetrical Cases	Total	P-Value
ICU Deaths	19 (17.27%)	54 (49.09%)	66.36%)	0.5
Recovered	07 (6.37%)	30 (27.27%)	37 (33.63%)	
Total Admissions	26 (23.64%)	84 (76.36%)	110 (100%)	

**Table-II: Frequency and percentage of various causes of deaths**

S. No.	Cause of Death	Frequency and percentage
	Eclampsia	16(21.91%)
	Antepartum Hemorrhage	08 (10.96%)
	Postpartum Hemorrhage	13 (17.81%)
	Anemic failure	06 (8.22%)
	Respiratory Failure	08 (10.96%)
	Cardiac Arrest	10(13.70%)
	Sepsis	07 (9.59%)
	Hepatic failure	02 (2.74%)
	Multiple Organ Failure	03(4.11%)
	Total	73 (66.36%)



**Figure-1: Comparison of outcomes for gynecological and obstetrical cases**



**Figure-2: Bar chart of frequency and percentage of various causes of death**

### DISCUSSION:

Hye Yeon Yi et al (2018) retrospectively studied 176 women which were admitted in ICU they found PPH as the common most cause (56.3%) of admission in ICU while hypertensive cases were responsible for 19.3% admissions followed by sepsis was 3.4% and pulmonary and other causes were 2.3% and they reported the maternal mortality in ICU as 5.1% that was inconsistent was the current study we found

hypertensive cases as most common followed by PPH and maternal ICU mortality in our study was 49% [11]. The ICU mortality rate in obstetric cases was reported to be upto 18.4 % in developed countries that was inconsistent to our results it was consistent with 40% of the developing countries [12]. Niyaz Ashraf et al(2014) reported obstetric haemorrhage as the most common cause for ICU admission (51%) followed by hypertension of pregnancy (18%) and the

maternal deaths were 13% in their study that was also inconsistent to present findings[13]. Bandeira AR *et al*(2014) also reported hypertensive on top for ICU admissions in pregnant women (54.2%) that is consistent with our study[14]. Statistics from Korea published in 2015 showed the mean age of 32.2 years while it was 28.8 year in our study [15]. The work was different from other studies the possible reason could be the population of our study was from the remote areas of Sindh and most of the patient s reach our hospital in late stage and in very critical conditions. There is justified requirement for the development of large hospital with ICU facility and trained staff in the remote areas of Sindh so that such may timely be treated that may reduce the maternal and child mortality as well as this will also reduce the over burden on the LUMHS hospital so the facilities may properly be used on the local and limited population. There were many short falls in our current study but the motive is almost achieved and a conclusive opinion is obtained the other work is let to be done by other colleagues in the field.

### CONCLUSION:

Obstetric cases were the most ICU admitted cases as well as more associated with higher mortality in comparison to gynecology cases.

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