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Management of Severe Maternal Morbidity in Intensive Care, Clinica Crecer 2020-2022, Cartagena-Colombia.



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OBJECTIVES:

To describe the characteristics of patients diagnosed with Severe Maternal Morbidity admitted to the adult ICU of Clinica Crecer in Cartagena during 2020-2022.



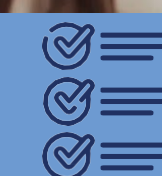
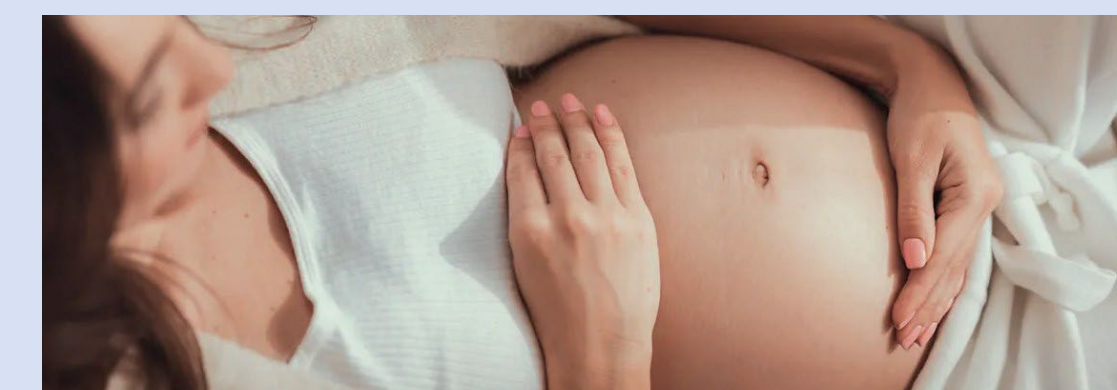
METHODS:

A retrospective, descriptive, and observational study was conducted from 2020 to 2022. It analyzed 417 patients treated in the ICU with a diagnosis of Extreme Maternal Morbidity (EMM). The study recorded socio-demographic and gynecological-obstetric variables, ICU admission criteria, EMM criteria, and ICU quality indicators. The results were analyzed using measures of central tendency and dispersion, percentages, frequency tables, and ratios.



RESULTS:

417 patients were admitted to the ICU with a diagnosis of Extreme Maternal Morbidity (EMM). The average annual admissions were 139 (2020: 118, 2021: 138, 2022: 161), with an average EMM incidence of 56.6 per 1000 births (2020: 47.1, 2021: 65.8, 2022: 56.8). The births attended were: In 2020, there were 2501 births with 1488 (59.5%) cesareans; in 2021, 2095 births with 1216 (58%) cesareans; and in 2022, 2833 births with 1935 (68.3%) cesareans. The ages at ICU admission were: 13-19 years: 19%, 20-29 years: 47%, 30-39 years: 29%, and 40 or more years: 4%. Causes of ICU admission for EMM included: Preeclampsia 78.2%, Heart Failure 20.4%, Severe Obstetric Hemorrhage 12%, Coagulation Disorders 8.9%, Liver Failure 4.8%, Eclampsia 4.3%, and Septic Shock 3.1%. The average ICU stay was 2.7 days. A total of 5 maternal deaths occurred: 2020:3, 2021:2, and 2022:0, with a global mortality rate of 1.1%, the highest being in 2020 at 2.5%.



CONCLUSIONS

47% of patients with Extreme Maternal Morbidity (EMM) in the ICU are between the ages of 20-29. The primary cause of admission was preeclampsia (78%), followed by heart failure (20%), with an appropriately average length of stay. The characterization has enabled the necessary interventions to reduce maternal mortality.

