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Two prehospital emergency hysterotomies with survived low birth weight infants

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According to the present guidelines, an emergency hysterotomy should be performed after four minutes of maternal cardiac arrest, if no signs of life are detected. The meaning of this extreme procedure is to benefit both the mother and the infant. The key factors associated to both maternal and neonatal survivals seem to be the time delay between the cardiac arrest and the delivery, and in-hospital location during an arrest situation. Furthermore, better neonatal outcomes are believed to depend on a higher gestational age. We report two emergency hysterotomies executed in out-of-hospital location. In both cases, very unfortunately the mothers perished after the operation, but amazingly both infants survived. Against to the earlier beliefs of factors associating to survival, these were low birth weight infants, and born by an emergency hysterotomy 20-23 minutes after maternal cardiac arrest. At the age of two years, both infants had normal physical and neurological growth. With our patient cases, we wish to encourage other prehospital physician units to train and prepare for emergency hysterotomy. Although considered desperate and extremely rare, a successful emergency hysterotomy is possible also in prehospital setting.

Biography

Miretta Tommila is a Consultant of Anesthesiology and Intensive Care, since year 2008. She has completed her PhD thesis in 2010 in the field of Biomedicine. Currently, her scientific passion is directed to the qualitative factors of resuscitation performance and teaching, as well as to the estimation of the effectivity of the Emergency Medical Services. During this year, she has completed a program of SSAI Emergency Critical Care. Her current workplace is Turku University Hospital, where she works at the operating theatre and at the HEMS unit.

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