Recognizing and Managing the High-Risk Parturient
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Background
The mortality and morbidity of parturients are declining worldwide due to better organization of care for the obstetric population. There are, however, areas that still need improvement, such as the care of high-risk parturients. A high-risk parturient is one who has:

• a pre-existing medical condition,
• an obstetric complication,
• a problem which can potentially necessitate an emergency cesarean section, or
• a potential uncertainty regarding anesthetic management.

Recognizing the high-risk parturient as one whose life, and/or that of her baby’s, may be threatened during pregnancy or during the delivery process, is important in reducing mortality and morbidity. This chapter examines the issues that high-risk parturients face and the possible solutions to mitigate those issues.

Providing Safe Care
The aim: To have a system that has enough providers with the correct expertise to match the level of care required by high-risk parturients and to keep them safe at all times during pregnancy, delivery and in the peripartum period. The system should be able to:

• recognize and admit these parturients into the appropriate hospital that is able to provide the level of care required,
• get these parturients into the correct systems of care where their special labor and delivery needs can be met,
• provide appropriate care and automatically trigger early referral once certain parameters are exceeded so that these parturients can undergo safe deliveries be it electively or in an emergency.

Recognizing the At-Risk Group
• As resources are often limited, care in all high-risk parturients are matched care provision. This can only be done category of parturients who need special care.
• High-risk parturients may be identified morbidity database with details of database can help doctors see where the challenges are.
• Regardless of country, most parturients causes; the 3 main causes of death in databases are thrombosis (thromboembolic hemorrhage, and complications of hypertension. Other causes include amniotic fluid embolism.
• From an anesthetic standpoint, the causes or morbidity associated with anesthesia:
  ♦ patients with difficult airways,
  ♦ complications arising from delayed care during peripartum hemorrhage,
  ♦ complications of high neuraxial block.
• The ICU admissions for parturients in very similar risk groups and patterns to this uniformity is not only striking in common between countries, it has remained unchanged in the 10-20 years.
• A major problem is the difficulty in presentation of most of the conditions high-risk situations. This is worsened signs and symptoms are often mistaken pregnancy and are not picked up as in situations.
• Scoring systems have been used to systematically decide if a patient needs care. These systems are equivalent care seen in ICUs where there is