

COVID-19 et Grossesse

Prise en charge en anesthésie-réanimation
au CHU de Constantine

Congrès national de la SAARSIU
Jeudi 16 décembre 2021



Dr FOUGHALI Badis
CHU de Constantine

- Avril 2020 - Octobre 2021
- 81 parturientes

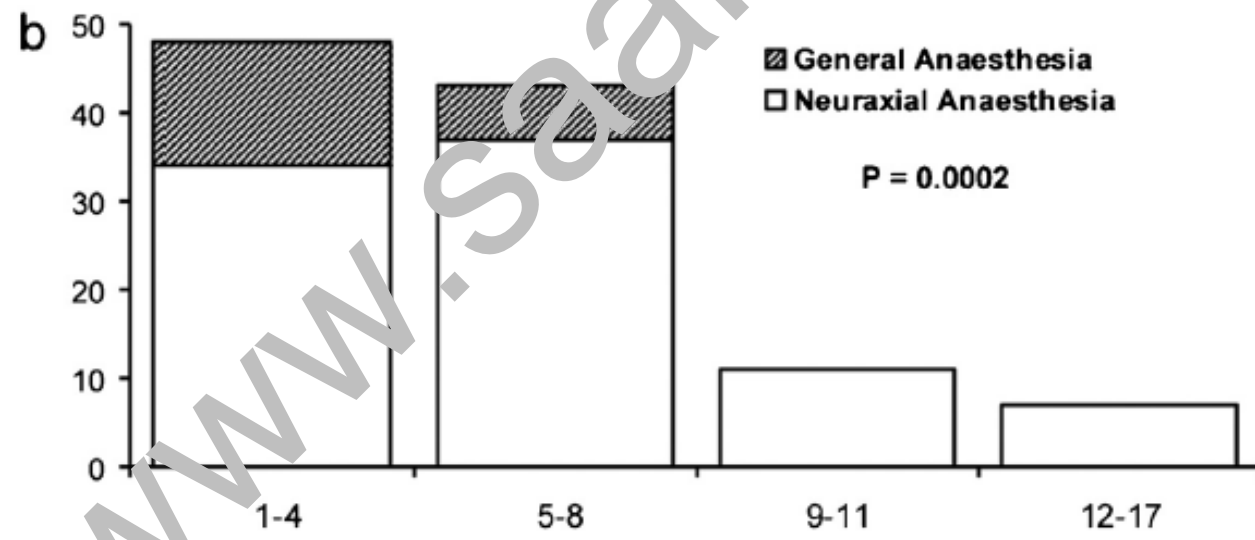
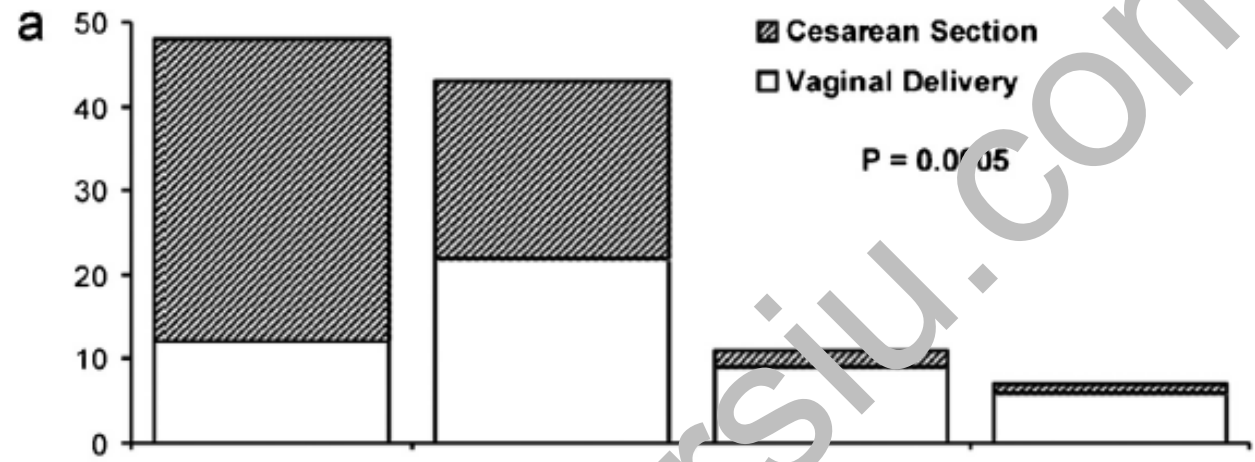
Age moyen	30,5 ans [19 - 38]
Age gestationnel	34 SA
Absence d'antécédents	82%
Diabète	7%
Hypertension/PE	4%
Asthme	2%
Obésité	6%
Nullipares	75%



Fièvre	90%
Toux	10%
Dyspnée	8%
Test AG	66%

www.sarsiv.com

Césarienne	80%
Indication obstétricale	77%
Terme d'accouchement	36 SA
Accouchement prématuré	23%
RA	93%
RA + CPAP	4%
AG	3%





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Seminars in Perinatology

www.seminperinat.com



The clinical course of COVID in pregnancy

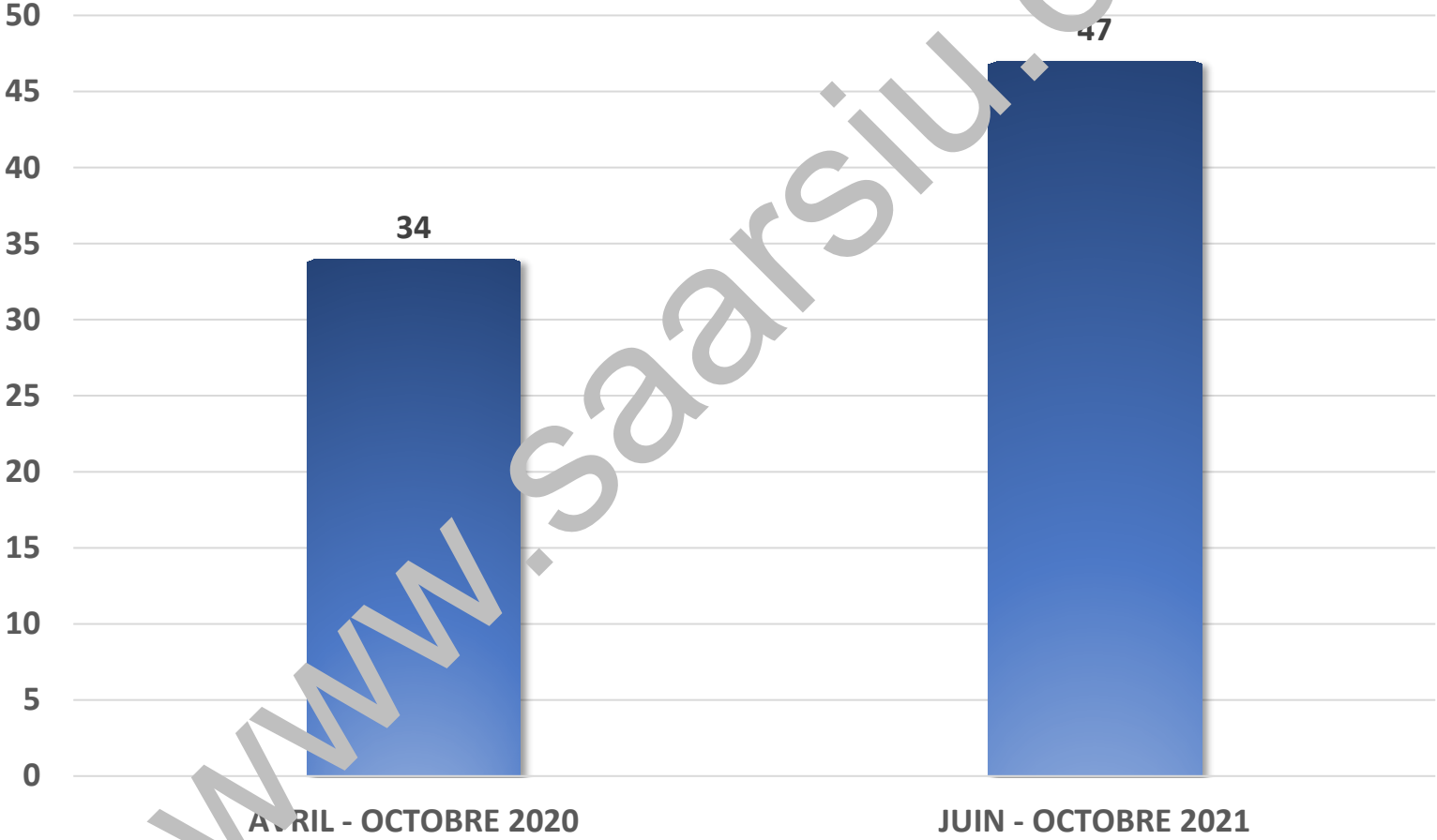
Sbaa Syeda*, Caitlin Baptiste, Noelle Breslin, Cynthia Gyamfi-Bannerman, and Russell Miller

Department of Obstetrics and Gynecology, Columbia University Medical Center, 622 West 168th St. PH 16-29, New York, NY 10032 United States



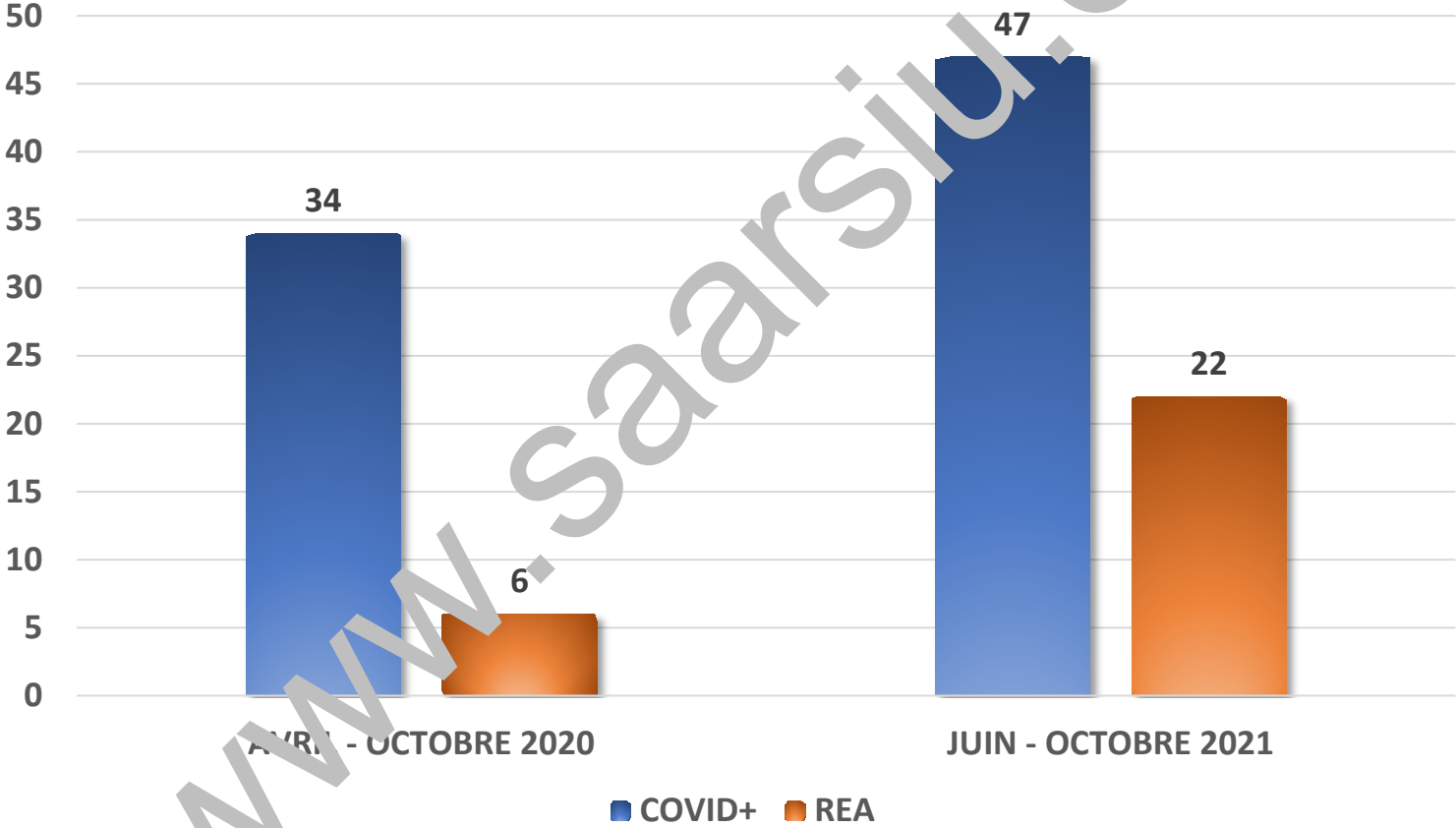


Covid + grossesse





Covid + grossesse





Réanimation

- Admissions en réanimation
- Score SOFAresp ≥ 2

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Breakdown of the SOFA_{resp} score

SOFA _{resp}	SaO ₂ /FiO ₂	PaO ₂ /FiO ₂
1	<512	<400
2	<317	<300
3	<14	<200
4	<89	<100

FiO₂ = inspired oxygen fraction, PaO₂ = partial pressure arterial oxygenation, SaO₂ = oxygen saturation, SOFA_{resp} = respiratory component of the sequential organ failure assessment score

www.scribd.com

Réanimation

- Admissions en réanimation
- Score SOFAresp ≥ 2
- SOFAresp3 = Δ SOFA 3 - 1 ≥ 2

[Am J Obstet Gynecol](#). 2020 Oct; 223(4): 595–599.e5.

Maternal mortality among women with coronavirus disease 2019 admitted to the intensive care unit

Anaesth Crit Care Pain Med 40 (2021) 100937

[Matthew J. Blitz](#), MD, MBA



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Contents lists available at [ScienceDirect](#)

Anaesthesia Critical Care & Pain Medicine

journal homepage: www.elsevier.com



Original Article

Clinical, obstetrical and anaesthesia outcomes in pregnant women during the first COVID-19 surge in France: A prospective multicentre observational cohort study

Hawa Keita^{a,b,*}, Arthur James^c, Lionel Bouvet^d, Emilie Herrmann^e, Agnès Le Gouez^f,





Maternal and Neonatal Morbidity and Mortality Among Pregnant Women With and Without COVID-19 Infection

The INTERCOVID Multinational Cohort Study

American Journal of Emergency Medicine 40 (2021) 193–198



Contents lists available at ScienceDirect

American Journal of Emergency Medicine

Journal homepage: www.elsevier.com/locate/ajem



scientific reports

COVID-19 in pregnancy and the puerperium: A review for emergency physicians

Marin N. Boushra, MD^a, Alex Koyfman, MD^b, Brit Long, MD^{c,*}



OPEN

Maternal outcomes and risk factors for COVID-19 severity among pregnant women



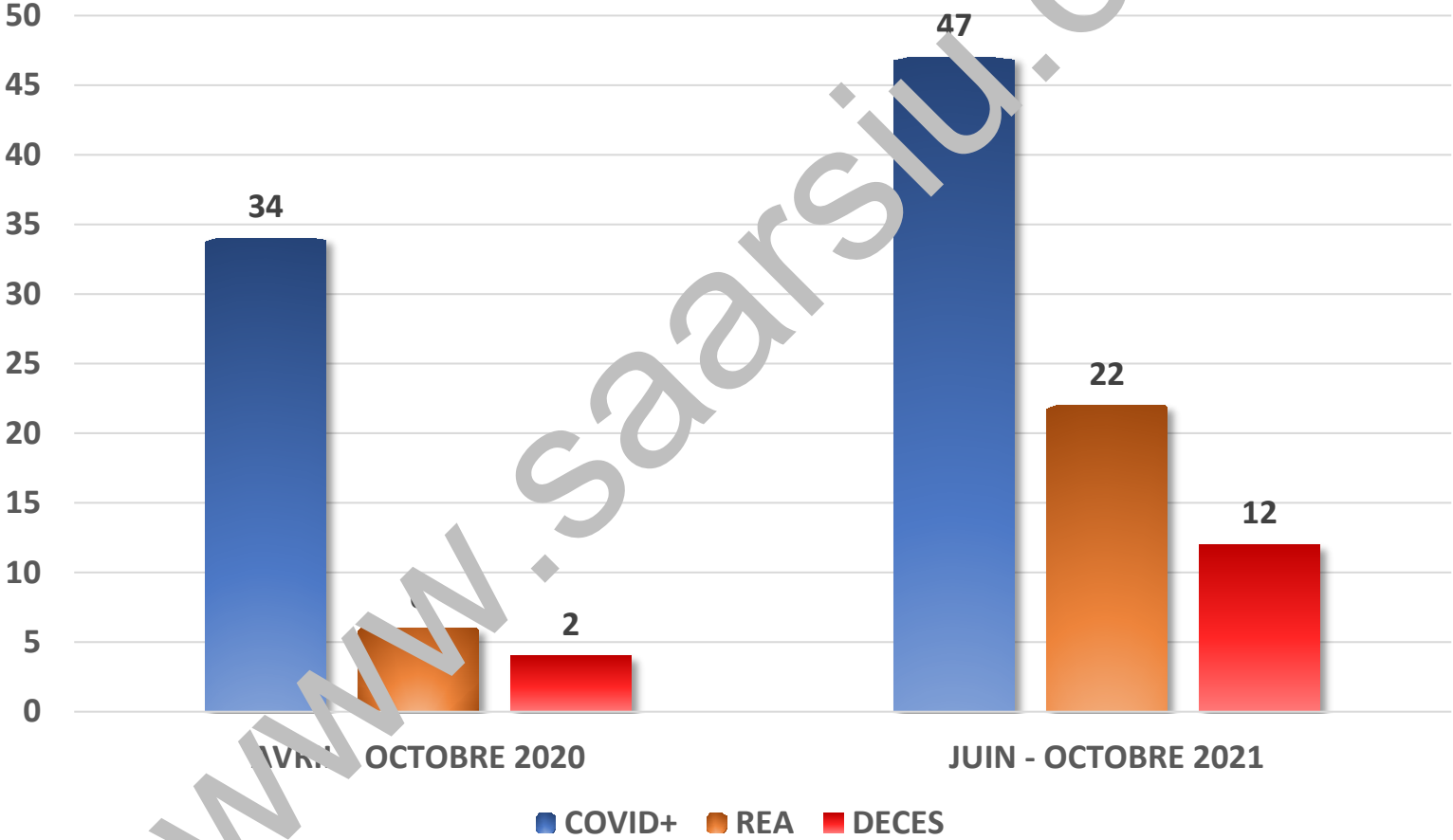
Réanimation

- «Les patientes enceintes étaient protégées du COVID-19»
- Risque comparable ≥ 60 ans
- Hospitalisation en réanimation x 5
- Ventilation mécanique x 3
- Mortalité maternelle en soins intensifs 15%
- 25% si ventilation mécanique

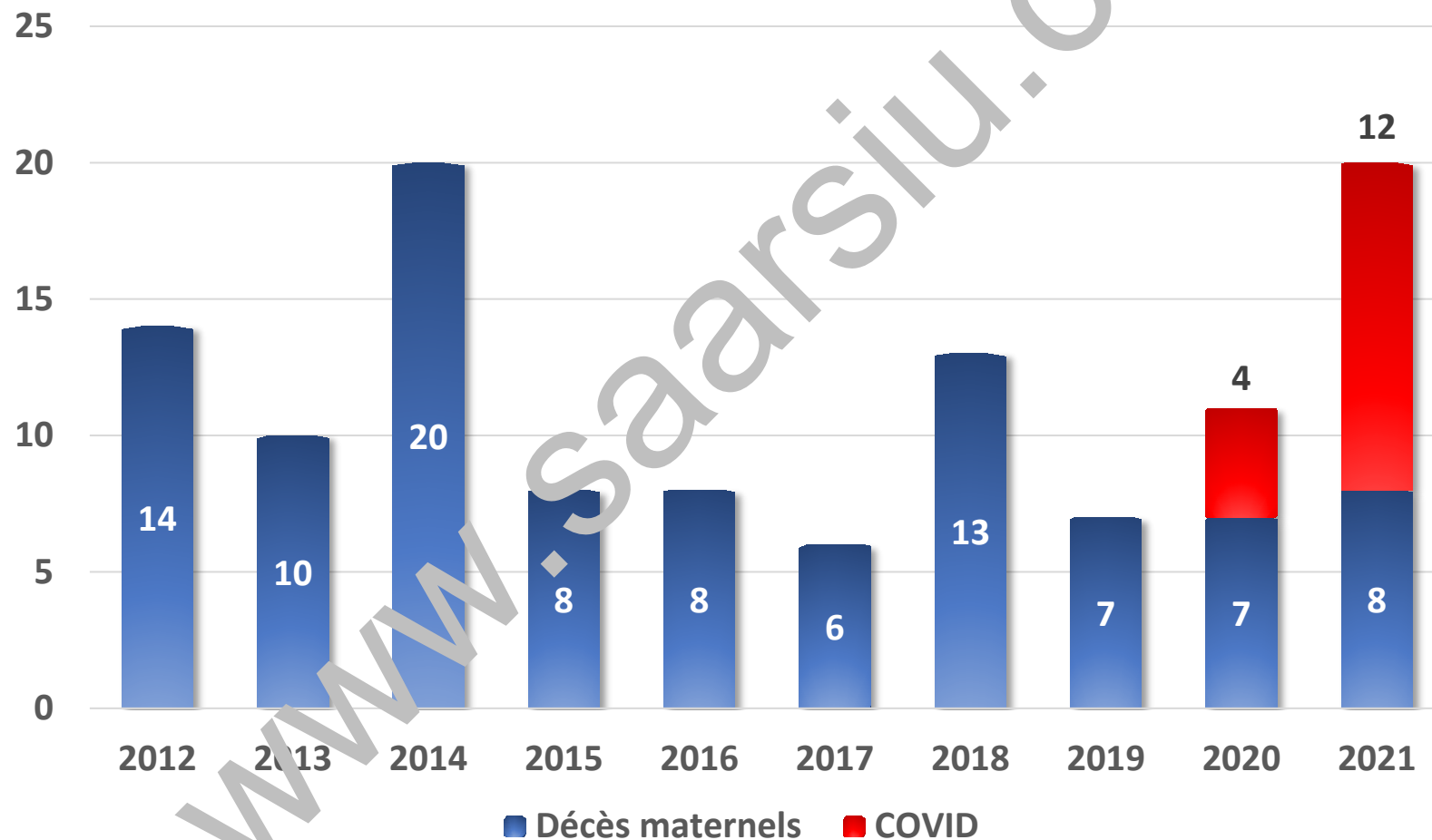
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Décès maternels CHU de Constantine



National Early Warning Score 2 (NEWS2) to identify inpatient COVID-19 deterioration: a retrospective analysis

Authors: Kenneth F Baker,^A Aidan T Hanrath,^B Ina Schim van der Loef,^B Lesley J Kay,^C Jonathan Back,^D and Christopher JA Duncan^E

National Early Warning Score (NEWS)

Physiologic Parameters	3	2	1	0	1	2	3
Respiratory Rate	<8		9-11	12-20		21-24	≥25
SpO ₂ Scale (%)	≤91	92-93	94-95	≥96			
Air or oxygen?		Oxygen		Air			
Systolic Blood Pressure	≤90	91-100	101-110	111-219			≥220
Heart Rate	≤40		41-50	51-90	91-110	111-130	≥131
Consciousness				Alert			VPU
Temperature	<35.0		35.1-36.0	36.1-38.0	38.1-39.0	≥39.1	



Accouchement ?

- Retentissement respiratoire et diaphragmatique
- L'amélioration de la mécanique pulmonaire obtenue par un accouchement précoce est théorique
- Amélioration ?

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Conclusion

- Terrain à risque de formes graves
- Prise en charge multidisciplinaire pour l'accouchement et la césarienne
- ALR
- Mortalité importante dans les formes sévères
- Maîtrisée au prix d'une réanimation lourde
- Vaccination