Respiratory Failure
Acidosis
Pregnancy is a compensated respiratory alkalosis. Pregnant patients have lower PCO$_2$ and bicarbonate than normal, giving them limited ability to compensate for acidosis.

Clinical Tips:

01 Acidosis
Monitor and correct reversible causes of acidosis such as starvation ketosis. Consider bicarbonate therapy.

02 Respiratory Failure
Elevated, or even normal, PCO$_2$ in a pregnant patient may indicate respiratory distress and impending respiratory failure.

03 Fetal Monitoring
Notify obstetric colleagues of any significant changes in vital signs to help with monitoring and resuscitation.

04 Delivery
Delivery may not have a beneficial effect on a pregnant patient’s clinical course. In some cases, it may introduce greater risk to the patient and/or neonate.

05 Life-Sustaining Therapies
Discuss the standard of care for a nonpregnant patient with the multidisciplinary team to consider what, if anything, should be changed for the pregnant patient.

Clinical Tip
Engage the most highly experienced colleagues to help prepare the pregnant patient for intubation, even if intubation is not yet necessary.

Electronic fetal monitoring can provide another insightful vital sign for end-organ perfusion and the general status of the maternal-fetal dyad.

Direct efforts toward optimizing maternal health before considering delivery, which should be a multidisciplinary decision.

Pregnancy does not preclude otherwise indicated life-sustaining therapies, medications, and maneuvers that are typically offered to nonpregnant patients.

The educational activity was funded in part by a cooperative agreement with the Centers for Disease Control and Prevention (grant number 1U60/CCU620566-01-00). The Centers for Disease Control and Prevention are within the Department of Health and Human Services (HHS). Its contents do not necessarily represent the policy of CDC or HHS, and should not be construed as endorsement by the Federal Government.

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Access the accompanying webcast at sccm.org/covidpregnantpatient.