

# THE COINCIDENTIA OPPOSITORUM - BRIDGING OBSTETRIC ANESTHESIA AND PALLIATIVE CARE

## Background

Palliative care is an interdisciplinary medical approach to care that provides symptom relief, support and comfort care to patients with serious illness and their caregivers<sup>1</sup>.

It is comprehensive care that involves various forms of support including social, emotional, psychological, and spiritual to alleviate suffering.

## Case Report

33-year-old G1P0 Spanish speaking patient at 32w0d GA who presents for primary cesarean section due fetal anomalies and fibroid uterus.

- Past Medical History: Hypothyroidism, pre-diabetes, infertility, lower uterine segment thickness and large cervical fibroid
- Imaging: MRI shows cervical fibroid occupying the entire cavity of the pelvis, measuring 15.0 x 10.7 x 9.5 cm, equivalent to “that of a full-term fetal head and obstructing the cervix”
- Neonate Assessment: Fetal anomalies present includes anhydramnios, fetal hydrops, abdominal ascites, enlarged kidney, pulmonary hypoplasia and cardiomegaly

## Discussion

### Definitions & Statistics

- Fetal mortality - intrauterine death of a fetus at any gestational age prior to delivery
- Perinatal palliative care is a model of care designed to prevent and treat the physical, spiritual, emotional and social needs of fetuses and newborn infants with life-threatening or life limiting conditions
- Statistics - US fetal mortality rate (2022) was 5.48 fetal deaths per 1,000 live births and fetal deaths<sup>2</sup>

### Multidisciplinary approach<sup>3</sup>

- Involving palliative or perinatal palliative care can reduce levels of anxiety, depression and lead to improvement in quality of life
- Goal is not to assist with neonatal death but to optimize their quality of life and that of their families
- Pharmacological or nonpharmacological interventions for neonate
- Psychologic and psychiatric support for families from diagnosis through gestation and into bereavement
- Spiritual or religious support
- Social work to assess economic resources and additional expenses that may be associated with disease and funeral
- Bereavement: photographs, video, casting of hands or feet, playing music or support to perform religious ceremonies

### Role of Obstetric Anesthesia

- Discussion of general versus neuraxial
- Sedation medications and memory
- Family support in the OR
- Use of in person interpreter to assist with translation

## Imaging

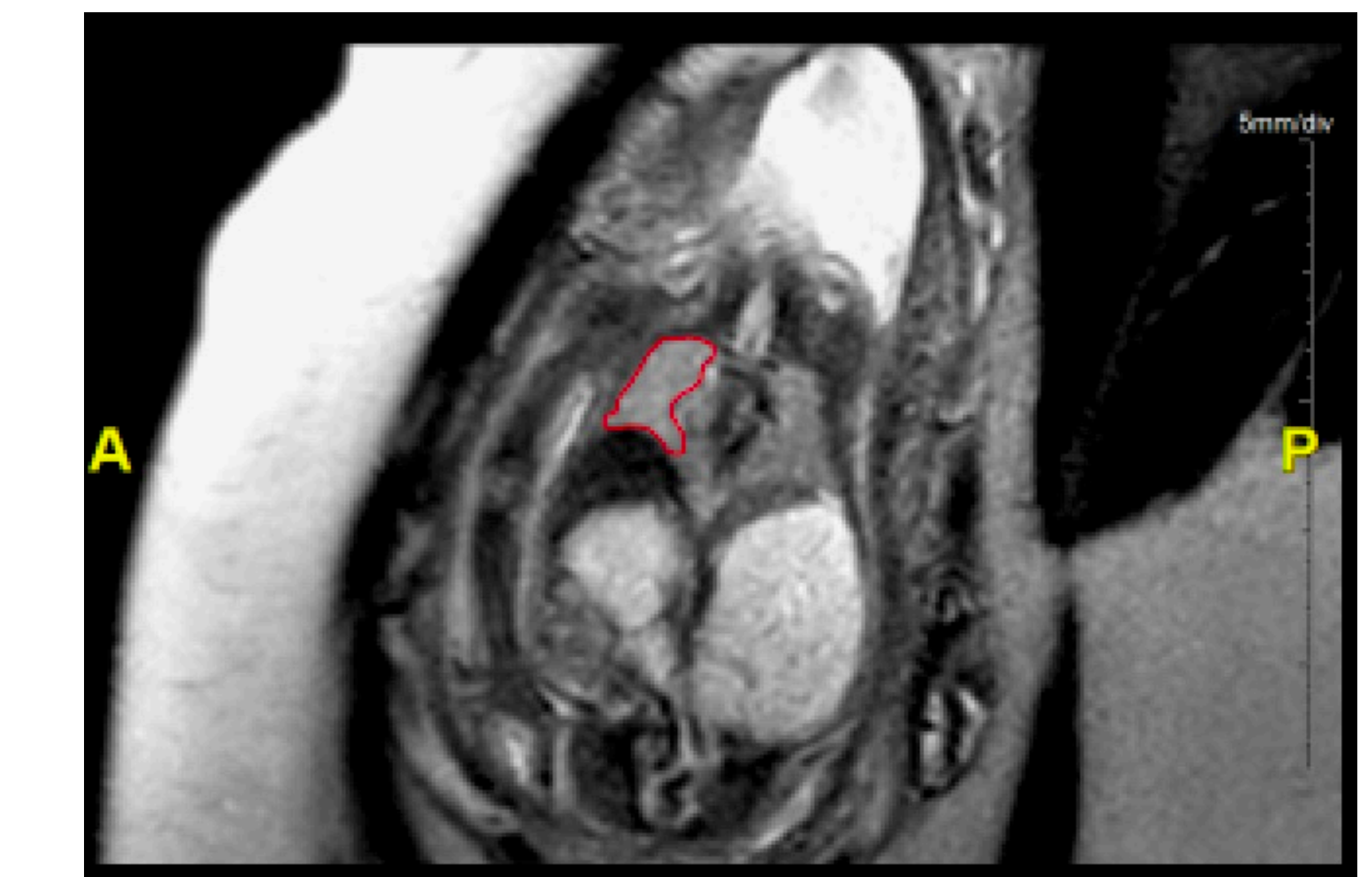


Fig 1 (Left) & Fig 2 (Top): Small lung volume (R: ~4.8 cc, L: 4.5 cc). Elevated diaphragms and cardiac apex directed leftward. Large present fibroid obstructing cervix.

## Take Away Points

- Obstetrical patients experiencing an intrauterine fetal demise (IUFD) or neonatal demise are often missed as patients who may benefit from palliative care services
- Consider involving palliative care or perinatal palliative care when patient is diagnosed
- Discuss with patient options for neonate (comfort care vs resuscitative measures) prior to delivery
- Use in-person interpreters, or if possible, providers who can speak the same language as the patient for support

## References:

1. McAteer R, Wellbery C. Palliative care: benefits, barriers, and best practices. Am Fam Physician. 2013 Dec 15;88(12):807-13. PMID: 24364543.
2. Gregory ECW, Valenzuela CP, Hoyert DL. Fetal mortality: United States, 2022. National Vital Statistics Reports; vol 73 no 9. Hyattsville, MD: National Center for Health Statistics. 2024. DOI:<https://dx.doi.org/10.15620/cdc/158788>.

3. Martín-Ancel A, Pérez-Muñuzuri A, González-Pacheco N, Boix H, Espinosa Fernández MG, Sánchez-Redondo MD, Cernada M, Couce ML; en representación del Comité de Estándares, Sociedad Española de Neonatología. Perinatal palliative care. An Pediatr (Engl Ed). 2022 Jan;96(1):60.e1-60.e7. doi: 10.1016/j.anpede.2021.10.003. Epub 2022 Jan 5. PMID: 34998731