# **CHANGES SEEN IN THE OBSTETRIC POPULATION**

## **QUICK REFERENCE**

## PG-ELITE-NCE PREP.COM

The obstetric patient undergoes physiologic changes during pregnancy that involve every major organ system. It is vital that the anesthesia provider understands these changes in order to provide the highest level of care. Below are some of the typical changes seen in the cardiovascular and respiratory systems of the obstetric patient.

### CARDIOVASCULAR

INCREASED Cardiac Output 50% Blood Volume 35% Plasma Volume 45-55% RBC Volume 30% Stroke Volume 25-30% Heart Rate 15-25% LVEDV Ejection Fraction

#### DECREASED

Systemic Vascular Resistance 20% Peripheral Vascular Resistance 15% MAP ~15mmHg SBP ~15mmHg DBP ~10-20mmHg Hgb Hct

> UNCHANGED LVESV CVP PCWP PA Diastolic Pressure

- Increased heart rate and decrease in SVR can increase cardiac output up to 40% in the first trimester
- Anemia during pregnancy is a result of a greater increase in plasma volume
- Blood volume increases by ~1000ml at term
- Cardiac output in the post partum phase can increase up to 80% for the following 2 weeks
- SV increases after delivery of the baby

### RESPIRATORY

INCREASED Tidal Volume 45% Dead Space 45% Minute Ventilation 45% Alveolar Ventilation 45% Oxygen Consumption 20% Inspiratory Capacity 15% Inspiratory Reserve Volume 5% Diaphragmatic Excursion

#### DECREASED

Pulmonary Resistance 50% Chest Wall Compliance 45% Airway Resistance 35% Expiratory Reserve Volume 25% Functional Residual Capacity 20% Residual Volume 15% Total Lung Capacity 5% Chest Wall Excursion

> UNCHANGED Vital Capacity Closing Volume Lung Compliance FEV<sub>1</sub> and FEV<sub>1</sub>/FVC Diffusing Capacity

- Hypocarbia from hyperventilation will cause uterine vasoconstriction
- Apnea will result in quicker hypoxemia due to an increased maternal oxygen consumption
- Obstetric patients may be more difficult to intubate secondary to edematous tissues and body habitus. A smaller than normal ETT may be necessary