

## **THE INCIDENCE OF PULMONARY EMBOLISM IN PREGNANT WOMEN**

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### ***Abstract***

*The unique physiological state that supports a woman during pregnancy may promote the emergence of risk factors for her health. Among these obstetrical risks, interfering directly with the health of women, it's pulmonary embolism. Pulmonary embolism is a major cause of death in pregnant women.*

**Key words:** risk, obstetrical, pregnant, pulmonary embolism

### **INTRODUCTION**

A pulmonary embolism is a blood clot or piece of fat blocking an artery in the lung. Clots can develop in any vein, break loose, and go to the lungs.

#### **Causes:**

Most pulmonary embolisms are clots that come from deep veins in the legs or pelvis. Chances of a blood clot forming increase if sitting in one spot for a long time. Surgery, heart problems, and taking birth control pills also increase your chances of forming a clot.

#### **Signs/Symptoms:**

The most common symptoms are trouble breathing and sudden chest pain that worsens with deep breathing. Other signs are faintness or fainting, coughing (sometimes with blood), a fast heartbeat and a low fever.

#### **Risks:**

If the pulmonary embolism is not treated it can cause part of the lung to die. Thousands of people a year get a pulmonary embolism and some do die. Without treatment, the chances of getting another potentially fatal embolism increase.

Pulmonary embolism is among the most common causes of morbidity and mortality during pregnancy. Weight gain due to pregnancy and the possible excessive diet during pregnancy favors venous stasis, which can trigger venous thrombosis and subsequent pulmonary embolism.

## MATERIAL AND METHODS

For the study there have been used medical files from The Clinical Hospital of Obstetrics and Gynecology Oradea, pregnant women and women in postpartum and, also, data base from The Authority of Public Health Oradea.

Evaluation of data obtained was based on a statistical study; the period that has been considered was of 5 years: 01.01.2004-01.01.2009.

## RESULTS AND DISSCUTIONS

From the analysis of the statistical base and medical files, it has been identified the number of deaths by direct obstetrical risk (d.o.r.), as in 2004 were 27 cases, in 2005 22 cases, in 2006 22 cases, 24 cases in 2007 and 27 cases in 2008 (Fig.1)

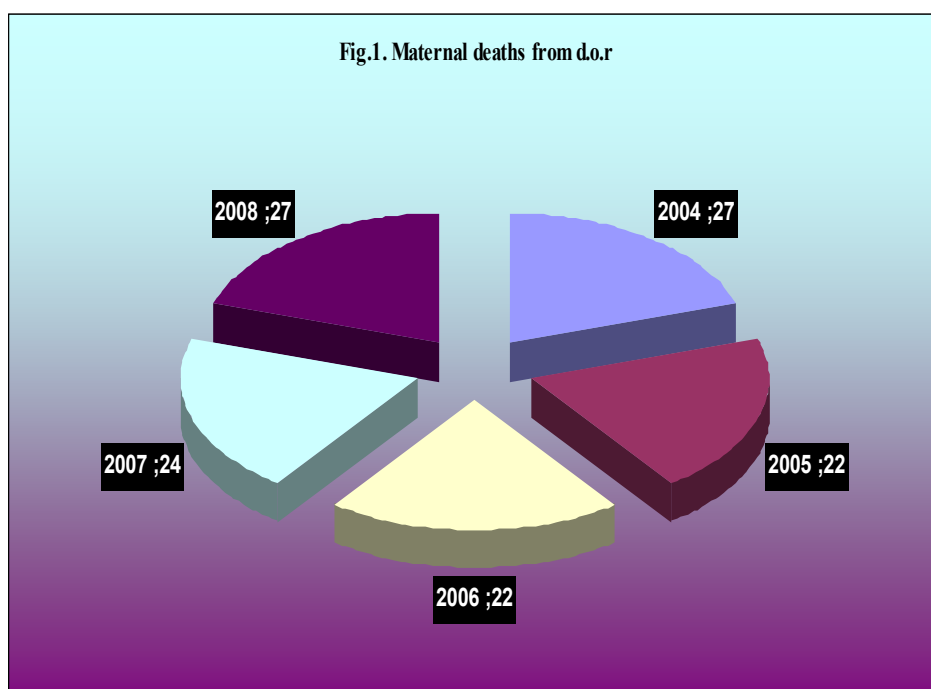


Fig.1. Maternal deaths from direct obstetrical risk

Death from pulmonary embolism ante- and postpartum is included in death from direct obstetrical risk. As seen in Fig. 2, a significant proportion of deaths in pregnant women are due to pulmonary embolism (p.e.).

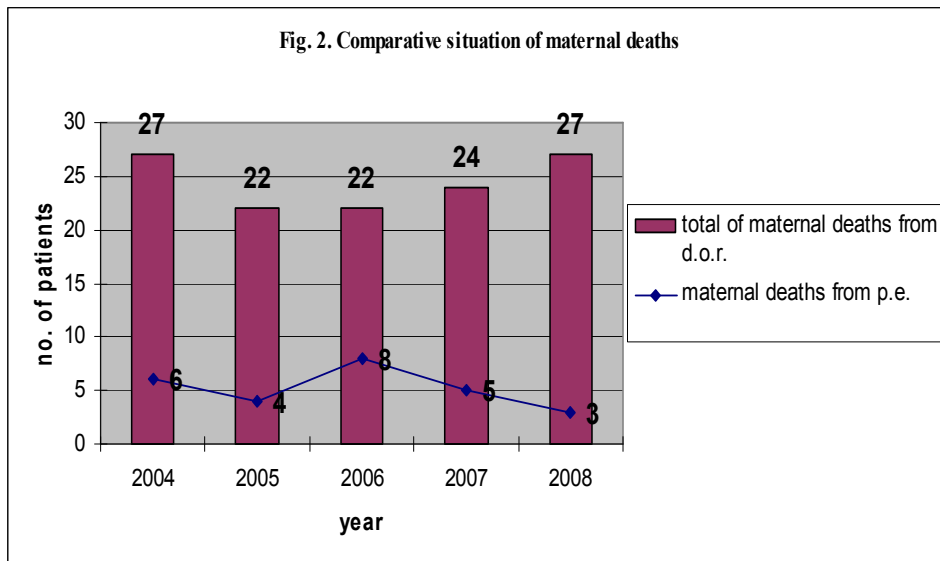


Fig.2. Comparative situations of maternal deaths

Another assessed aspect was when the mother's death occurred: before, during or after giving birth.

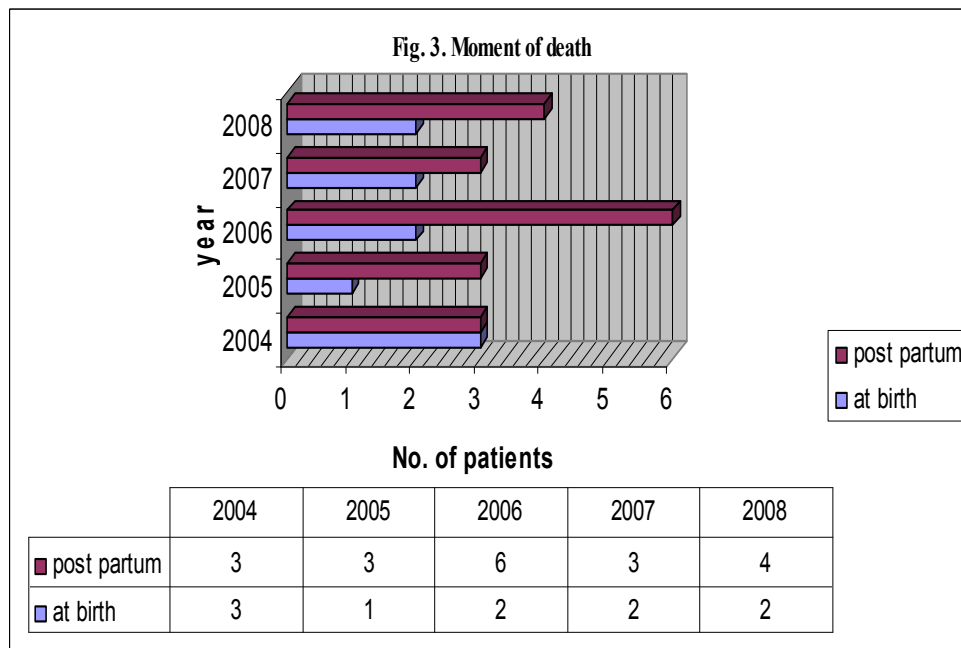


Fig.3. Moment of death

It can be observed that the vast majority of complications leading to death from pulmonary embolism occurs after birth.

## CONCLUSIONS

Pregnancy and childbirth are physiological processes of a woman's life, but it is a phenomenon involving a number of risks.

These risks can directly endanger the pregnant woman's life, causing death. They are called direct obstetrical risks.

Such a direct obstetrical risk is the pulmonary embolism, causing death as a percentage ranging between 18.2 and 36.3% of all cases with direct obstetrical risk.

In over 50% of cases, the embolic complications occurred after birth.

## RECOMMENDATIONS

To keep blood clots from forming in legs, do not rest in bed for long periods of time during an illness. Start walking as soon as possible, especially after surgery.

Do not wear tight garters or girdles, and avoid tight pants as well. Do wear tight knee socks, especially when it is necessary to stay in bed.

When traveling, stand and walk every 1 or 2 hours. Don't cross your ankles or legs for long periods of time. Don't smoke.

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