

Blog

Making Tough Decisions: The Case of the Pregnant Woman in Cardiac Arrest

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By Jodi McCaffrey

There comes a time in every young physician's life when stuff gets real, when all of the theory and studying is put to the test in a real life-or-death situation that changes his or her life. For Kevin McGann, DO, that day came nearly 15 years ago around Christmas.

Dr. McGann was wrapping up a shift in the emergency department at Kennedy Health System in Stratford, N.J., when the call came in about a pregnant woman in cardiac arrest. Only about a year out of residency, Dr. McGann was teamed with an emergency medicine resident that night. He quickly assessed the situation and started preparing for the tenuous case.

"The patient had been driving and became suddenly ill," Dr. McGann recalls. "She pulled over to a pay phone and called 9-1-1. As the EMS squad was approaching the vehicle, they saw her collapse. They started CPR on the scene and called the case into the ER."

Dr. McGann prepared the ER for a code, called OB for a consult and paged the OB resident on call. When the patient arrived, he learned that she was asystolic and 38 to 39 weeks pregnant. She didn't respond to cardiac medication. They had trouble discerning if the baby had a heartbeat. Dr. McGann's patient – and her baby – was quickly running out of treatment options.

"The mother wasn't responding to treatment. Her chance of survival was decreasing rapidly. We had to do something quickly to at least give the baby a chance to survive," explained Dr. McGann.

They performed a "very graphic" emergency C-section to deliver the baby. The baby, a girl, wasn't breathing, looked blue and was unresponsive. But she had a heartbeat.

"I worked on the baby while the resident treated her mother," said Dr. McGann. "They performed CPR on her, but she unfortunately was pronounced dead shortly after."

The baby had a slow, thready heart rate but with CPR and some oxygen, it



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began to improve. She was moved into an incubator in the PICU, and staff began the uncomfortable process of notifying the woman's husband.

"It was a horrible decision to make. She was in her early 30s... I'd never had to make a decision like that before. Some doctors never do," Dr. McGann said. "I knew it was an experience that we'd all never forget."

Once he was certain that the baby was stable, Dr. McGann clocked out of his shift and left for the night. He never spoke with the baby's father. Then, a year later, a letter was sent to him at the hospital.

"He wrote me a letter, thanking me for saving his daughter's life. He included a photo from her first birthday," Dr. McGann said. "It was amazing ... she's a teenager now."

Regarding the experience, Dr. McGann said, "There's no script in emergency medicine. You just have to react. It was crazy. I hope I never have to make a decision like that again."

His advice for his colleagues? "There's always going to be a 'first time' in medicine, but you have the chance to save someone's life," Dr. McGann said. "We see patients at their worst. We can turn their worst day into a positive outcome. Be sure you know your anatomy and can accurately assess the situation. Trust your training."

Dr. McGann is now a float physician in [EmCare's EmBassador program](#). Originally from Texas, he trained in Philadelphia and calls Naples, Fla., home. He's licensed to practice emergency medicine in 19 states.

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Carly Murphy

As a 33 year old woman 39 weeks pregnant I can guarantee you that you made the right decision and that mother smiles down on you every day thankful that you saved her baby. I know I would want the exact same thing done.

7/16/2016 6:15:38 PM

rose watson

thank you so much weall have to make decisions with Gods help we make the right one

7/13/2016 9:07:32 PM
