(11%), disseminated intravascular coagulation (8.7%), acute pulmonary edema (3.4%) and acute respiratory distress syndrome (8.7%). These complications resulted in multiple visceral failures mainly cardiopulmonary (13.3%), hematologic (11.8%) and hepatic (6.8%).

The main medical therapies started at the maternity ward and continued during the ICU stay were nicardipine and magnesium sulphate, followed by the transfusion of red blood cells and coagulation factors. The use of vasoactive drugs was necessary in 34 cases including 15 cases of hemorrhagic shock. Artificial ventilation was required in 18 cases with an average duration of 22 ± 8 hours. In one case transferred from a peripheral maternity for hemorrhagic shock following a uterine rupture and complicated cerebral hypoxia, the respiratory assistance was provided for 6 days.Five patients including 2 cases of HELLP syndrome and 3 cases of Retro-placental hematoma with defibrination syndrome required hemodialysis sessions. These results are consistent with previously published data [10,12].

The need for more interventions and procedures in deceased women, as well as a higher total maximum SOFA score in this group, reflects attempts to maintain body homeostasis in the most severe cases. Multi-systemic organ failure was the leading cause of death in the majority of women, and this finding is also consistent with those of previous studies [3,10]

Conclusion:

The findings of this study indicate the need for political and social action for the implementation of reproductive health measures, including awareness of the need for obstetric intensive care beds in maternity wards; and improving the strategy for managing high-risk pregnancies. Currently, it is not possible to generalize these results to the whole country, as they could be specific to the region studied. It is not illogical to assume that these issues are relevant to other low-income countries, but each area should be considered before implementing any changes. The SOFA score can be a useful tool for assessing the severity and prognosis of MM cases. Establishing uniform international criteria for the definition of MMS and the adoption of the mortality / morbidity ratio as part of an audit system can help focus efforts to maximize pregnancy care, particularly in low income countries [14].

CONFLICT OF INTERESTS:

The authors declares that there is no conflict of interest regarding the publication of this paper.

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