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Barbados-born Mom Speaks Out About Deadly Pregnancy Complication That Almost Killed Her

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By Allan Bucka Jones

Pride Contributing Writer

When a woman gets pregnant, with all the technology and scientific advancement available in Canada, the last thing she should be worried about is that she may die during child birth. But this is a possibility. It is a rare possibility, and happened on August 1st last year in Toronto, to Michelle McDonald, a Barbados born first time mother. She and her unborn child came very close to death.

Michelle was in the North York General Hospital in Toronto, ready to deliver her baby in what her doctor told her was a low risk pregnancy...the contractions started...she just had an epidural...the contractions were coming faster now...suddenly Michelle went unconscious.



Michelle McDonald and her son, Eli.

This Bajan Canadian woman had Amniotic Fluid Embolism (AFE), the leading cause of maternal death in North America. It affects 1 in every 40,000 deliveries. It is an unpreventable, unpredictable, and is an often fatal complication of pregnancy. So what started out to be a normal delivery, quickly developed into an emergency C-section because her baby started to lose oxygen, and Michelle's blood pressure started a significant decline. The baby boy Eli, was delivered weighing 8 lbs, 14 ozs, and was immediately placed in an incubator.

So what is AFE? It is characterized by an acute and rapid collapse of the mother and/or baby as a result of an allergic-like reaction to the amniotic fluid (the fluid which surrounds the baby in the uterus during pregnancy), when it enters the maternal circulatory system. Many laboring mothers, have amniotic fluid or fetal debris enter into their circulatory system, and do not suffer such a response,

highlighting the rarity of the complication which generally occurs as a two-phase response. The first phase is characterized by rapid respiratory failure and cardiac arrest. Most fatalities from AFE occur during the first phase. The second phase is known as the hemorrhagic phase. The mother begins to bleed profusely at the wound site; typically at the site of placental attachment or C-section incision. Coagulation or clotting of the blood is prevented at this stage. AFE can happen regardless of race, age, socio-economic status, birth order or delivery method.

The exact mechanism of what causes AFE is unknown and it remains unpreventable. Risk factors for AFE are uncertain because they are difficult to determine based on poor data collection. Some of the possible risk factors are advanced maternal age, multiple pregnancies, placental abnormalities, seizures (convulsions) in a pregnant woman, an excessive accumulation of amniotic fluid, cervical lacerations, uterine rupture, induction medications or procedures, C-section and other operative assisted deliveries.

Even with the best and most responsive care, some women will simply not respond to life saving measures. Greater research is needed to not only determine the root cause of AFE, but why some women are at greater risk of death

Estimates on AFE survival rates vary greatly, largely due to poor reporting and difficult diagnosis. AFE has been reported to be up to 80% fatal in women, although most recent data suggests that number is closer to 40%. Mortality rates of infants still in the womb during AFE are as high as 65%. There is even greater uncertainty regarding the neurologic impairment of surviving women and infants. It is clear many women will have a range of neurological injury, ranging from short-term memory loss to complete brain injury. Infants may have delayed development, cerebral palsy or limited brain function. So far, eight months after

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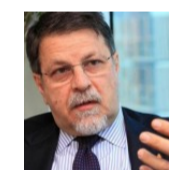
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the unexpected AFE, Michelle, reports she has not detected any abnormalities in her baby or herself, but she remains cautiously optimistic and is encouraged by an AFE Facebook support group.



AFE is so rare that many doctors may never see a case in their entire career. Michelle McDonald says she does not want to terrify pregnant women or women planning to get pregnant, but want to emphasize that its occurrence is a possibility. She suggests that expectant mothers remind their doctor of AFE possibility and to encourage their doctor to read up on the condition and ways to deal with it...and be prepared, just in case.

Luckily for Michelle, her obstetrician had experience treating a case of AFE during her training, and was able to pull on that experience to save Michelle's life. The Obstetrical & Neonatal Team at North York General Hospital worked for 20 straight hours after Michelle became unconscious, trying to save her life and that of her newborn son Eli. She received 30 units of blood and blood products. (To put this in perspective, one unit of blood is 450 mL, just under a pint. An adult's body contains 8 to 10 pints of blood). Michelle spent the first week of her newborn son's life in the hospital's Intensive Care Unit.

Describing her experience, Michelle McDonald says "God had a huge hand in it, I would not be here without Him and believing in Him....this has definitely increased my faith in God...I want to thank the North York General doctors on staff, I can't thank them enough, doctors were there working 20 hours later, words are not enough".

Michelle is not standing still, she wants you to help her raise funds to save more mothers and babies. You can view her story on a short YouTube clip at youtu.be/qau5ob8LG0U and remember, if you are expecting a baby or planning on getting pregnant, please remind your doctor about AFE...it is a fatal situation and can affect any woman or family.

Allan Bucka Jones is a Health Promoter and Broadcaster. He can be heard on "Allan Bucka Jones LIVE", Sundays from 3 to 5pm on CHRY 105.5 FM, CHRY RADIO App, www.chry.fm option RDO.to, Rogers Digital Cable 945, Bell Fibe 973 or mobile app TuneIn Radio. You can contact Allan Bucka Jones at allan@jonesandjones.ca.

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