

**Pulmonary Problems in Pregnancy.** Ghada Bourjeily MD and Karen Rosene-Montella MD, editors. *Respiratory Medicine* series. Sharon R Rounds MD, series editor. New York: Humana Press. 2009. Hard cover, 419 pages, \$149.

For the non-obstetrician, pregnant and lactating women are frequently seen as particularly anxiety provoking. This is especially true within the intensive care unit, where the decisions of care affect both the well-being of a young woman and the fragile physiology of her unborn child. Additionally, the rarity of pregnant patients in the intensive care unit and the paucity of data on this population make management decisions involving both fetal and maternal well-being slightly unfamiliar to physicians caring for the critically ill. Diagnostic and management decisions for women experiencing pulmonary disease during pregnancy or women with chronic pulmonary disease who become pregnant are approached with similar appropriate caution by most pulmonologists. **Pulmonary Problems in Pregnancy** addresses the most common clinical scenarios that pulmonologists and intensivists will encounter with regard to pregnant patients in practice. The authors provide an excellent resource for the major intersections of obstetrics and pulmonary and critical care medicine. Moreover, they specifically address obstetric issues encountered in patients with chronic complex pulmonary diseases, including cystic fibrosis, neuromuscular diseases, rheumatic lung diseases, and pulmonary hypertension.

The book is divided into 3 sections, on normal pregnancy, general management principles in pregnancy, and pulmonary disorders in pregnancy. I found that the scope of the review of normal pregnancy, particularly the chapter on the physiologic transition from fetal to neonatal life in pregnancy, was focused more toward lung development than the complex physiologic events that occur in the fetus in the peripartum period. I would have favored the latter, given the rest of the book's focus on maternal medicine with a focus on the child in utero. A review of high altitude, chronic hypoxia, and sleep physiology in the pregnant patient follows, which is quite interesting, although not as immediately useful as the chapters that follow.

In the third section the authors provide an excellent review of general management

principles in pregnancy. These chapters are clear and succinct, with thorough evaluation of commonly encountered clinical issues such as diagnostic imaging and prescribing for the pregnant and lactating woman. The chapter regarding diagnostic imaging reviews issues of radiation dose and exposure risk with various imaging modalities, as well as recommendations from the American College of Radiology regarding contrast administration to the pregnant or lactating woman. The chapter regarding prescribing to the pregnant or lactating mother provides a thoughtful commentary on decision making with regard to introducing a new medication, and a well referenced review of resources available to prescribers to assess data on individual medications. In the following chapter a review of fetal monitoring in the critical care setting contains useful examples from electronic fetal monitors that demonstrate patterns of fetal heart rate deceleration, and reviews the general implications of each pattern.

The third part of this book contains the majority of the book's content and leaves no important pulmonary problem that presents in pregnant patients unaddressed. These chapters are clear, extensively referenced, and focus on data where data exist. The limitations of evidence-based practice in pregnant patients are well known and not resolved here, but where data are present, they are referenced, and a discussion of the limitations of studying a pregnant population is included. There seems to be no particular outline to each chapter that provides a predictable presentation of the information, with some chapters including practice scenarios and management decisions, while others focus on comorbid conditions, epidemiology, or diagnosis. However, this seems appropriate, given the variability of topics addressed. I had hoped to have the physiology of the maternal-fetal interaction during critical illness addressed in depth at some point in this text. A brief commentary on the goals of ventilation that are specific to the pregnant patient is provided in the chapters on critical illness and acute lung injury in pregnancy, but there is no discussion of the effects of maternal illness on fetal physiology (eg, the effects of maternal pH on oxygenation of the fetus), which I would have found both interesting and useful. I remain impressed with the breadth of pulmonary pathology that is covered in this text, and am pleased that the authors included some very complex and unusual pul-

monary disorders seen in pregnant patients, such as cystic fibrosis and pulmonary hypertension, as well as common disorders in pregnancy, such as asthma, which may be undertreated in the pregnant patient.

In my opinion, the major weakness of this text is the number of typographical errors, which are mildly distracting, including misspellings and reversed symbols (eg, " $\leq$ " on page 99). Additionally, as I have previously mentioned, there were some physiology topics that I hope will be addressed in the next edition, which would bring the level of relevance and complexity of the physiology chapters up to the level of sophistication of the rest of the text.

Although I believe that the text is written clearly enough to be useful to medical students, residents, and primary care practitioners, I suspect that the audience that will find this text most useful is pulmonologists and intensivists. The breadth of pulmonary diseases addressed clearly intends to speak to pulmonologists, and the detail with which anesthesia and ventilation strategies are addressed is intended for intensivists. I believe this text will be a valuable addition to an office library for quick reference on this interesting patient population. Obstetricians may find the book useful as well, particularly with regard to anticipating complications of pulmonary disease in their patients. I welcome this text to shed light on some complex medical issues that may arise during pregnancy, and hope that this text provides some guidance to caring for this interesting and vulnerable patient population.

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**Pulmonary Arterial Hypertension and Interstitial Lung Diseases: A Clinical Guide.**

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Although relatively uncommon in the general population, interstitial lung diseases and pulmonary hypertension are two of the most complex and challenging areas of pulmonary medicine for which practitioners routinely provide care. These conditions are

Pulmonary Problems in Pregnancy by Ghada Bourjeily, 9781934115121, available at Book Depository with free delivery worldwide. Isabelle Tillie-leblondStephanie. 18 Venous Thromboembolism in Pregnancy Karen Rosene-Montella, MD and Ghada Bourjeily, MD. 19 Pulmonary Hypertension in Pregnancy James Klinger, MD and Brian Casserly, MD. 20 Pulmonary Procedures During Pregnancy Muhanned Abu-Hijleh, MD Muhanned. 21 Critical Illness in Pregnancy Kyle Hogarth, MD and Jesse Hall, MD. 22 Acute Lung Injury in Pregnancy Gregory Schmidt, MD and Nuala Meyer, MD. 23 Airway Management and Mechanical Ventilation in Pregnancy Uma Munnur, MD, Venkata Bandi, MD, and Michael Gropper, MD, PhD show more. Sharon R. Rounds, MD, SERIES EDITOR. Pulmonary Problems in Pregnancy, edited by Ghada Bourjeily and Karen Rosene-Montella, 2009. akusher-lib.ru. akusher-lib.ru. Pulmonary Problems in Pregnancy. Edited by. Ghada Bourjeily, MD. Ghada Bourjeily, MD, Department of Medicine, The Warren Alpert Medical School of Brown University, Women & Infants Hospital, Pulmonary and Critical Care Medicine, Providence, RI. Marie M. Budev, DO, MPH, The Cleveland Clinic, Cleveland, OH. James N. Byrd, Jr., MD, Division of Pulmonary Medicine, University of South Alabama, Mobile, AL. Brian Casserly, MD, Division of Pulmonary, Critical Care and Sleep Medicine, Warren Alpert Medical School of Brown University, Rhode Island Hospital, Providence, RI. Pulmonary Problems in Pregnancy. RESPIRATORY MEDICINE. Sharon R. Rounds Karen Rosene-Montella. My most sincere gratitude to my husband Mark, and my children Brian and Julia who have shared me with academic medicine for many years; Dr. Alan Leff for his support and encouragement; Doreen Hoogasian for her secretarial and technical assistance. ix. Contributors. Ghada Bourjeily, MD, Department of Medicine, The Warren Alpert Medical School of Brown University, Women & Infants Hospital, Pulmonary and Critical Care Medicine, Providence, RI. Marie M. Budev, DO, MPH, The Cleveland Clinic, Cleveland, OH. James N. Byrd, Jr., MD, Division of Pulmonary Medicine, University of South Alabama, Mobile, AL. Pulmonary Disease and Critical Illness in Pregnancy. Bourjeily, G., Levinson, A. Oxidative and carbonyl stress in pregnant women with obstructive sleep apnea. Khan, N., Lambert-Messerlian, G., Monteiro, J. F., Hodossy, J., Tóthová, J., Celec, P., Eklund, E., Curran, P., Bourjeily, G. Performance of the Obstetric Early Warning Score in critically ill patients for the prediction of maternal death. Paternina-Cacedo, A., Miranda, J., Bourjeily, G., Levinson, A., Dueñas, C., Bello-Muñoz, C., Rojas-Suarez, J. A. Clinical manifestations of obstructive sleep apnoea in pregnancy: more than snoring and witnessed apnoeas. Bourjeily, G., Barbara, N., Larson, L., He, M.