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## Introduction

About 1 in 1000 to 3000 pregnant or postpartum women will get a pulmonary embolism. In its most severe form, high-risk PE, an acute widespread pulmonary artery blockage leads to hemodynamic instability and is associated with 15–50% in-hospital mortality in non-pregnant people [1]. Up to 7% of PEs during pregnancy may show this type of hemodynamic instability, and high-risk pregnancy-associated PE is to blame for 10% to 15% of all maternal deaths in North America and Europe [2]. In order to effectively treat the obstructive shock in high-risk PE patients, strong reperfusion treatments are needed, with systemic intravenous thrombolysis being the first option [3]. When reperfusion therapy is contraindicated, the patient is treated with transient hemodynamic replacement during the acute period in combination with therapeutic anticoagulation [4]. The management of high-risk PA-PE is even more challenging [5]. Due to dangers to the mother and the foetus, including maternal haemorrhage, prenatal toxicity, foetal loss, and premature birth [6].

## Discussion

This clinically focused narrative review's objective is to give a thorough overview of the risk classification and targeted treatments for high-risk PA-PE [7]. We w

