1. Objectives
To introduce Perinatal Critical Care Course (PC3) and evaluate IMPACTS of PC3 experience in collaboration with Emergency Physician (EP).

2. Background
PC3 developed in 2014 for...
- Stamping out Preventable Perinatal Maternal Death
- Creating our original linear ALGORITHM as a COMMON LANGUAGE in collaboration with EP.
- Improving Our Response Capability especially in RESUSCITATION

3. PC3 Algorithm (fig. 1) PC3-Primary Survey
- Employed TRAUMA SURGICAL STRATEGIES
- Primary Survey (ABCDEF): Step of stabilization of maternal physiological parameters
- Secondary Survey (GHIJ): Step of obstetrical diagnosis and treatment

4. Methods
Retrospective cohort study
Inclusion Criteria: 1) 2015/10-2017/12, 2) PPH cases in our facility, 3) Collaborated with EP from the 1st step of treatment, 4) Blood Transfusion Parameters: blood loss, blood transfusion, time for stabilization (elapsed time from taking in our emergency center to admitting to ICU), etc...

PC3 group: both obstetrician and emergency physician had PC3 experience (fig. 2)
Control group: at least one side physician had no PC3 experience (fig. 2)

Statistical Analysis: Mann–Whitney U test

5. Result (fig. 3)
1) PC3 group 5 cases vs Control group 8 cases, 2) All cases discharged with good condition, 3) Blood loss and number of transfused FFP unit in PC3 group were significantly higher, 4) Time for stabilization and any other features had no significant difference between both groups.

Conclusions
PC3 group encountered MORE SEVERE cases but could collaborate MORE SMOOTHLY.