

## **Supplemental Digital Content 2: Excluded cases from study evaluation**

In one case, after accidental administration of a two-fold higher insufflation pressure than needed (30 mmHg), a rapid decrease in maternal blood pressure and end-tidal CO<sub>2</sub> to 20 mmHg was observed. The blood gas analysis showed the following values (FiO<sub>2</sub>: 0.8): pO<sub>2</sub> 170.4 mmHg; pCO<sub>2</sub> 52.1 mmHg, pH 7.214, BE -6.2 mmol/l. The lowest systemic blood pressure during this episode was 102/64 (78) mmHg, while the SaO<sub>2</sub> never fell below 98 %. After immediate cessation of the Partial amniotic carbon dioxide insufflation (PACI), continued ventilation with a FiO<sub>2</sub> of 1 and administration of cafedrine/theoadrenaline (Akrinor®) the situation resolved within 2 minutes and surgery was cancelled. During postoperative observation no sequelae were observed. We believe that the observed changes resulted from sudden leakage of the insufflation gas from the amniotic cavity into the maternal abdominal cavity along the trocar insertion sites, equalizing the pressures in both compartments, and impairing venous return to the maternal heart. In one further case a surgical intervention due to satisfactorily covered SBA was not needed.