Severe Pre-Eclampsia: A year long challenge of the Obstetrician, Anesthetist and Pediatrician.

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Context—Severe Pre-Eclampsia complicates the physiology of normal pregnancy by causing damage to the vital organs. Panacea to the challenge of managing severe pre-eclampsia is terminating the pregnancy to get a favorable maternal and neonatal outcomes.

Objectives—To study the maternal and neonatal outcomes in women with severe pre-eclampsia who were delivered by Cesarean section in the past one year in a District Hospital in South India.

Methods—Retrospective observational study from August 2013 to July 2014 in a Government free hospital.

Patients—Interventions—86 women with severe pre-eclampsia (BP > 160/100 and Proteinuria > 5gms/litre in 24 hrs) who needed Cesarean delivery were studied.

Maternal and Neonatal complications specific to the severe pre-eclampsia were studied.

Main outcome measures—Results—Out of the 5311 deliveries 86 women needed Cesarean section for varied indications. 95% were Emergency Cesarean sections, out of which 91% were done under spinal anesthesia. 66.2% were pre term Cesarean deliveries. 8.13% had HELLP syndrome. 6.97% had eclampsia, 12.79% had Abruptio placenta and 5.81% needed ICU admissions.

There was one maternal mortality.

Conclusions:

As per our study, in developing countries a well equipped district hospital plays a pivotal role in improving maternal and neonatal outcomes in women with severe pre-eclampsia in a population of lower economic strata. Maternal and fetal morbidity can be further reduced by training peripheral health workers to detect complications and to refer them timely. This is possible by the combined expertise of Obstetricians, Anesthetists, and Pediatricians or Neonatologists.

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