

Factors Contributing to Adverse Maternal and Fetal Outcome in Patients with Eclampsia

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Abstract : Background: Eclampsia is a multisystem disorder that involves vital organs and failure of these may lead to deterioration of maternal condition and hypoxia and acidosis of fetus resulting in high maternal and perinatal mortality and morbidity. Thus, evaluation of the contributing factors for this condition and its complications leading to maternal deaths should be the priority. Formulating the plan and protocol to decrease these losses should be our goal. Aims and Objectives: To evaluate the risk factors associated with adverse maternal and fetal outcome in patients with eclampsia and to correlate the risk factors associated with maternal and fetal morbidity and mortality. Methods: All patients with eclampsia admitted in Department of Obstetrics and Gynecology, B. P. Koirala Institute of Health Sciences were enrolled after informed consent from February 2013 to February 2014. Questions as per per-forma were asked to patients, and attendants like Antenatal clinic visits, parity, number of episodes of seizures, duration from onset of seizure to magnesium sulfate and the patients were followed as per the hospital protocol, the mode of delivery, outcome of baby, post partum maternal condition like maternal Intensive Care Unit admission, neurological impairment and mortality were noted before discharge. Statistical analysis was done using Statistical Package for the Social Sciences (SPSS 11). Mean and percentage were calculated for demographic variables. Pearson's correlation test and chi-square test were applied to find the relation between the risk factors and the outcomes. P value less than 0.05 was considered significant. Results: There were 10,000 antenatal deliveries during the study period. Fifty-two patients with eclampsia were admitted. All of the patients were unbooked for our institute. Thirty-nine patients were antepartum eclampsia. Thirty-one patients required mechanical ventilator support. Twenty-four patients were delivered by emergency c-section and 21 babies were Low Birth Weight and there were 9 stillbirths. There was one maternal mortality and 45 patients were discharged with improvement but 3 patients had neurological impairment. Mortality was significantly related with number of seizure episodes and time interval between seizure onset and administration of magnesium sulphate. Conclusion: Early detection and management of hypertensive complicating pregnancy during antenatal clinic check up. Early hospitalization and management with magnesium sulphate for eclampsia can help to minimize the maternal and fetal adverse outcomes.

Keywords : eclampsia, maternal mortality, perinatal mortality, risk factors

Conference Title : ICOG 2017 : International Conference on Obstetrics and Gynaecology

Conference Location : Bangkok, Thailand

Conference Dates : December 18-19, 2017