

Obstetric Outcome in Preeclampsia

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Abstract: *Objectives:* The aim is to study the effect of preeclampsia on the maternal and fetal outcome in Government General Hospital, Anantapuram. *Materials and methods:* This is an observational study conducted in Government General Hospital, Anantapuram (A.P). The study was carried out during the period of six months from April 2021 to September 2021. A total of 100 pregnant women with preeclampsia were included in the study. *Results:* Among the 100 preeclampsia patients, 43 (43%) cases were primigravida, 32(32%) belonged to socioeconomic class 4, 42 (42%) cases were among those with BMI >25. The most common maternal complication is antepartum haemorrhage 15 (15%) and the most common neonatal complication is prematurity 28 (28%). *Conclusion:* Treating anemia and improving socio economic status will improve maternal and neonatal outcome in preeclampsia. Prematurity, low birth weight and growth restriction are neonatal complications that are anticipated and dealt with when the mother has preeclampsia. A good neonatal intensive care unit will help to improve neonatal outcome.

Keywords: Preeclampsia, outcome

1. Introduction

Preeclampsia is a multisystem disorder that complicates about 3-8% pregnancies and it is a major source of morbidity and mortality worldwide. The incidence is high in developing countries due to hypoproteinemia, malnutrition and poor obstetric facilities. Overall 10-15% of maternal deaths are directly associated with preeclampsia and eclampsia. Preeclampsia is a common pregnancy specific disease, that presents with Hypertension and variety of organ failures, including malfunction of kidneys, liver and lungs. The nervous system is commonly affected and is a cause of significant morbidity and death in these women. The major risk to the fetus results from decreased placental perfusion leading to decreased blood supply of oxygen and nutrients necessary for fetal growth and wellbeing. The aim of the study was to know the effect of preeclampsia on maternal and fetal outcome. Ethics committee approval taken.

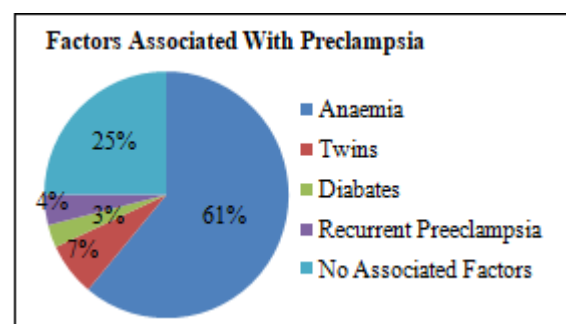
2. Materials and Methods

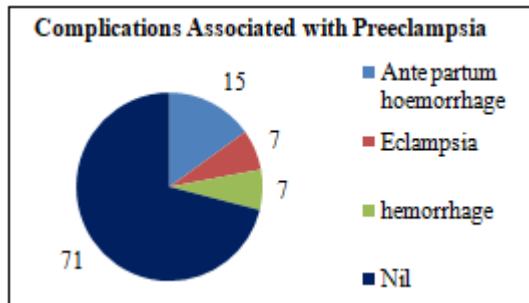
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3. Results

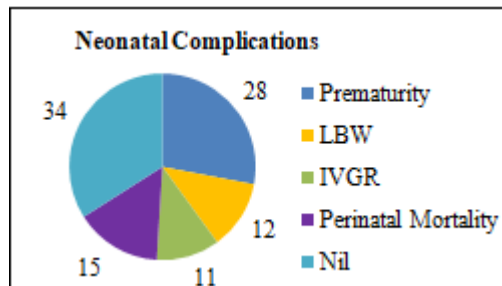
Total 100 preeclampsia cases observed during our study

period. Majority of the cases from low socioeconomic class-4 (32%). The distribution according to parity was as follows: primigravida (43%). Remaining 30% second gravida, 14% were third gravida and 13% fourth gravida & more. The factors associated with preeclampsia in the study were anemia (58%), diabetes 3%, Twins 6% and recurrent preeclampsia (4%). There were no associated factors in 29% of women with preeclampsia. The most common complication associated with preeclampsia in this study was antepartum hemorrhage (15%) followed by eclampsia (7%) and PPH(7%). There were no cases of maternal mortality. From the study it was found that the most common neonatal complication was prematurity (28%), low birth weight 12% and intra uterine growth restriction 11%. The perinatal mortality constitutes about 15% which includes intra uterine fetal demise of the fetus (5%), still births (3%) and neonatal deaths (7%).





Risk of pre-eclampsia in first and subsequent pregnancies: prospective cohort study, *BMJ* 2009; 338: b2255, doi:10.1136/bmj.b2255



4. Discussion

Purpose of this study is to know the effect of preeclampsia on obstetric outcome (both maternal and fetal). Ante partum hemorrhage, eclampsia, PPH and recurrent preeclampsia are the most common complications occur in preeclampsia women in our study and all these complications are directly or indirectly related to anemia. In our study the most common associated factor with preeclampsia was anemia. The greater the severity of anemia during pregnancy, the greater the risk of preeclampsia, preterm delivery, low birth weight and stillbirth.[1]. It is explained by the deficiency of micronutrients and antioxidants. [2]. The recurrent risk of preeclampsia is more common with early onset preeclampsia than late onset of preeclampsia. [3]

5. Conclusion

Treating anemia, improving socioeconomic status and sufficient nutrients supply will improve maternal and fetal outcome in preeclampsia. Prematurity, low birth weight and growth restriction are neonatal complications to be anticipated and dealt with when the mother has preeclampsia. A good neonatal intensive care unit will help to improve neonatal outcome.

References

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