



MATERNAL AND PERINATAL OUTCOMES FOLLOWING HELLP SYNDROME

Dr Thangeswaran Rudra*, Dr Thushani Adikari
Royal Brisbane and Women's Hospital



INTRODUCTION

HELLP (Haemolysis, Elevated Liver Enzymes and Low Platelets) syndrome is a severe manifestation of pre-eclampsia that occurs in 0.5-0.9% of pregnancies (1,2). Maternal mortality ranges from 2 to 24.2% and perinatal mortality from 7.7 to 60% following HELLP (1,2). About 70% of cases develop prior to delivery, most commonly between 27 and 37 weeks gestational age. Maternal complications include eclampsia, haemorrhage, high transfusion and morbidity rate and the perinatal issue =s such as poor Apgars, still birth and neonatal death.

OBJECTIVES

The purpose of this study was to analyse pregnancy outcomes following HELLP syndrome and recommend measures to improve them.

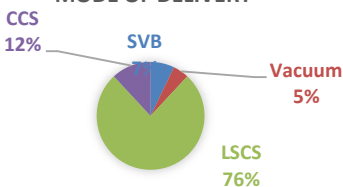
METHODS

This retrospective cohort study was conducted at the Royal Brisbane and Women's Hospital, Queensland, Australia. All pregnant women who delivered from October 2015 to December 2017, with high blood pressure, symptoms of preeclampsia, abnormal liver function and haematological parameters with the diagnosis of HELLP syndrome were included.

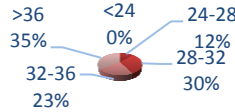
RESULTS

- *Total of 43 patients were included
- * 72% para 1, 35% age ≥ 35 years
- * 54.4% had severe preeclampsia at diagnosis
- *All except 2 were delivered < a day of diagnosis
- * All except 5 Magnesium sulphate Infusion

MODE OF DELIVERY



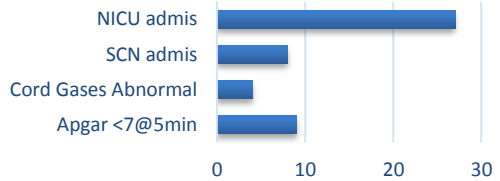
GESTATIONAL AGE AT DELIVERY



Maternal complications	Number
PPH	5
Pulmonary oedema	1
Prolonged admission(>4 days)	38
Blood/blood products	4
DIC	1
3rd degree Tear	1
ICU admission	3

- * 52.4% were managed in HDU
- * There were no maternal deaths or eclampsia

PERINATAL OUTCOME



- *One stillbirth and neonatal death
- BW ≤ 1.5 Kg – 42.9%
- 1.5 to 2.5 Kg – 14.3%

DISCUSSION AND CONCLUSION

Our maternal outcome figures were far superior to the other series due to prompt intervention

One woman who had a delayed for >48hrs resulted in stillbirth

Our CS rates were comparable to the other studies

Close monitoring required post delivery as well with 50% high dependency unit admissions

As most of them were delivered preterm the babies needed NICU or SCN admission and were low birth weights

All these high light the importance of delivering the women in the centre with best facilities to optimise both maternal and perinatal outcome

REFERENCES

1. Gulfishan Haq Shazia Shukar-ud-Din, 2013. Maternal and foetal outcome in help syndrome at tertiary care hospital. *Journal of Pakistan Medical Association*, 63(12), pp.1500–3.
2. Haram, K., Svendsen, E. & Abildgaard, U., 2009. The HELLP syndrome: Clinical issues and management. A Review. *Bmc Pregnancy And Childbirth*, 9(1), p.8.)
3. Anon, 2016. Researchers at University Hospital Report New Data on HELLP Syndrome (Maternal-fetal prognosis in HELLP syndrome in a level 3 maternal-fetal care centre). *Women's Health Weekly*, p.4388.