INTRODUCTION
HELP (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 is 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 ≥35years
* 54.4% had severe preeclampsia at diagnosis
*All except 2 were delivered < a day of diagnosis
* All except 5 Magnesium sulphate Infusion

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.