

EARLY DECISION OF CAESAREAN SECTION IN ECLAMPSIA TO IMPROVE MATERNAL AND PERINATAL OUTCOME

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Keywords:

ECLAMPSIA.

Abstract

Background: In spite of great advances in Medicine in recent times, it is tragic that the control of eclampsia still remains an unfulfilled dream in our country. One of the important causes of maternal death is eclampsia. Once the diagnosis is proved the only cure is the termination of pregnancy.

Methods: This study compares maternal and foetal outcome following obstetric management among three groups of patients with antepartum eclampsia. The first group of patients (Group A) were treated with the traditional approach of stabilizing the patient followed by vaginal delivery within 12 hours. The second group of patients (Group B) were delivered vaginally with instruments. The third group (Group C) were managed by early caesarean section where seizures and B.P were not controlled and deteriorating signs were appearing.

Results: Maternal mortality was only 5.5% in caesarean section group; 8% in normal delivery group and 11.7% in instrumental vaginal delivery group. The perinatal mortality was much higher in group A (55%) and group B (18%) in comparison to group C (9.2%).

Conclusion: Early caesarean section may be an highly effective treatment protocol for the management of ante as well as intrapartum eclampsia.

Introduction

Despite the reduction of the incidence, eclampsia remains one of the main causes of maternal mortality & morbidity in the developing countries. Magnesium sulphate is being used increasingly in different countries as well as different centers of our country. But it is well established that solely the medical management has little impact on the foeto maternal prognosis. It is the obstetrical management which has a great role in changing the mortality pattern of both mother & the fetus. Sooner the baby is delivered, better the prognosis of the mother. The purpose of this study is to highlight how the shortening of admission delivery interval & mode of delivery affects the prognosis of the mother as well as the baby.

Material and method

The study was carried out in Malda Medical College and hospital from 1st July 2013 to 31st June 2014. 100 cases of antepartum eclampsia were selected at random for the study. Those cases were booked, unbooked or referred from peripheral centre. The first group (Group A) were allowed normal vaginal delivery along with stabilisation of the patients after exclusion of contraindications. Prolongation of labour is prevented by oxytocin infusion after A.R.M. Instrumental vaginal delivery was done in group B. In case of group C, caesarean section was done straightaway due to unfavourable cervix or other contraindications of vaginal delivery or convulsions not controlled within 2 – 6 hrs. All the groups were treated and followed up till discharge.

Result

Majority of the cases (54%) underwent caesarean section and maternal mortality is least (5.5%) in this group. The maternal mortality rate is lowest in caesarean section (5.5%) and highest in instrumental vaginal delivery (11.7%). Majority of the patients in group C (66%) delivered within 4 hours of admission whereas majority of patients

delivered vaginally after 4 hours of admission . Perinatal loss was very low in caesarian section group i.e., 9.2%, 18% in instrumental vaginal delivery and very high i.e., 55% in unaided vaginal delivery.

Table 1: Relation between Mode of Delivery and Maternal Mortality (n = 100)

Route	No. of Patients	Death	Percentage
Unaided vaginal	26	2	8
Instrumental vaginal (forceps)	17	2	11.7
Caesarean Section	54	3	5.5
Undelivered	3	3	100

Table – 2 Admission Delivery Interval

Time	Caesarean Section	Normal Delivery	Instrumental
Within 2 hours	15 (27%)	3	7
2 – 4 hours	21 (39%)	5	3
> 4 hours but < 24 hours	18 (34%)	18	7
> 24 hours	4 (7%)	1	Nil
Total	54	26	17

Table – 3 Perinatal Mortality

	Caesarean Section	Instrumental	Unaided Vaginal
Still born	1	2	11
Early neonatal death	4	1	3
Perinatal death	5	3	14
Percentage	9.2	18	55

Discussion

Most of the patient were in antepartum or early intrapartum period and elective as well as emergency caesarean section was done in 54% of cases with a very good maternal as well as fetal outcome as compared to the vaginal or instrumental vaginal deliveries .Moreover convulsion delivery interval has a great impact on maternal mortality and by cutting short this interval by early caesarean section within 2-4 hours have definitely improved the prognosis of the mother and baby. . So the earlier trends of conservative approach can be well challenged by decision of caesarean section in optimum time and not as a last resort when the conservative approach fail. But the importance of better control of convulsion as well as prompt delivery should not be over emphasized because hastening of delivery in an unstable patient may sometimes be proved treacherous.

Conclusion

MgSO₄ regime for control of seizure along with early caesarean section may be an highly acceptable and effective treatment protocol for the management of ante as well as intrapartum eclampsia.

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