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Eclampsia and its outcome - In rural Bangladesh

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Background: Hypertensive disorder of pregnancy is a major health problem in developing countries like Bangladesh contributing to significant maternal and perinatal morbidity & mortality. Eclampsia was found to be third among the direct obstetric causes of maternal mortality¹. So, continued effort in monitoring and reviewing each eclamptic patient is very important.

Objectives: Although magnesium sulfate controls convulsion efficiently, death from eclampsia remains high in our country. The purpose of this study was to identify additional factors responsible for death from eclampsia and to evaluate the clinical profile, maternal and perinatal outcome among eclamptic patients.

Materials and methods: This is a prospective study done during the period from 1st October 2017 to 30th September 2018 in the obstetric department of Jashore Medical College Hospital, Jashore which is an urban tertiary referral hospital and has a large catchment area surrounding five to six districts. It was approved by an institutional review board that consisted of the Head of the Department and other Professors of the Department of Obstetrics and Gynecology. This hospital deals mainly with referral patients. The number of annual obstetric admissions is 6,500 to 7000 and the number of eclampsia cases is 140 to 160 per year. The hospital has an eclampsia care unit, so patients from Jashore and nearby districts are referred here for better management. Of

note is that most of the eclamptic patients are born in rural areas and belong to a lower social class. As a result, most have never received antenatal care. Patients admitted during this period, diagnosed as eclampsia are the study subjects. The detailed history, clinical examination, and relevant lab investigations are done for the management. The maternal and neonatal outcomes were recorded.

Results: 151 (2.26%) women were diagnosed with eclampsia among a total number of 6637 women delivered. 21.12% belong to <20 years age, 73.23% to 21-30 years and 5.63% to >30 years of age among which 67.20% were primigravida. 63.38% of mothers had irregular and 22.54% had no antenatal checkup. Live birth took place in 76.27% cases with 54.93% by caesarean section. 64.79% of cases were antepartum eclampsia. A total of 15 cases had complications like PPH (02), ARF (04), HELLP (04) pulmonary edema (03) and Respiratory failure (02). Two Patients died due to pulmonary edema and respiratory failure, one from each.

Conclusions: Though eclampsia is a preventable condition and it has a pre-monitoring stage, still it is a major cause of maternal and perinatal morbidity and mortality. With proper knowledge, health education, counseling, proper antenatal care, timely intervention, separate eclampsia ward, ICU and NICU facilities can improve the outcome of eclamptic patients, and reduce maternal mortality.

Biography

Monika Mohanta, is an Assistant profesor (Gynae & Obs), Jessore Medical College, Jessore, Bangladesh. She is an Ex-Consultant (Gynae & Obs) at Thakurgaon Sadar Hospital, Thakurgaon, Bangladesh. She has trained in EOC (Emergency Obstetric Care) training from Dhaka Medical College Hospital, Dhaka, Bangladesh and also trained in Lifesaving Skills: Essential Obstetric & Newborn Care, from Thakurgaon Sadar Hospital, Thakurgaon, Bangladesh.

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