

SEVERE PREECLAMPSIA AND NEONATAL OUTCOME

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Severe preeclampsia is often a fetal life threatening affection and appropriate treatment is mandatory for favourable pregnancy outcome. But what about outcome of neonates born from preeclamptic mothers?

Objective: The aim of this study is to evaluate the effectiveness of an appropriate management of preeclampsia in terms of neonatal outcome.

Material and method: Two-year period prospective, non-randomised study. The study was conducted on a group of singleton neonates born from primiparae gravidas with severe preeclampsia. Inclusion criteria were: PIH over 150/100 mmHg at screening visit, with elevated uterine RI, proteinuria and clinical complains. Exclusion criteria: perinatal infection, PROM, fetal malformations.

Results: All patients delivered by CS at a mean gestational age of 35,3 weeks (32,4 – 37,3). Gestation was terminated in 3 patients for severe oligohydramnios, severe IUGR and elevated uterine RI, 4 cases for moderate IUGR and elevated uterine RI and diastolic notch, one case for malignant hypertension and retinal edema with temporary blindness, 4 cases for renal function deterioration, one case for acute fetal distress and one case for abruptio placentae. The mean birth weight was 1700g (1200g – 2200g), below the 10th percentile for age, with no significant differences between sexes. Neonatal outcome, both short- and long term, was free from adverse effects (perinatal hypoxia, metabolic or neurological disorders), clinical examination at 1 year of age displaying no pathological signs and normal developmental scores (Bayley).

Conclusions: Still a frequently encountered disease, preeclampsia leads no more to severe maternal and neonatal effects if appropriate management and follow-up is provided.

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