



Maternal and Perinatal Outcomes in Early Onset Preeclampsia at Dr. Kariadi Hospital Semarang in 2019

Cornelius Danu Kurniawan¹, Putri Sekar Wiyati²

¹Resident, Obstetric and Gynecology Department, Medical Faculty, Diponegoro University, Semarang, Indonesia

²Staff of Obstetric and Gynecology Department, dr. Kariadi Hospital Semarang, Indonesia



Introduction

Preeclampsia is a multisystem, highly variable disorder unique to pregnancy and a major leading cause of maternal/perinatal morbidity and mortality. The only definitive treatment for preeclampsia is delivery of the fetus and placenta. There are unanswered questions in the literature considering the timing of delivery once preterm preeclampsia has been diagnosed, given the risk of developing maternal complications versus the risk of adverse perinatal outcomes associated with prematurity.

Objective

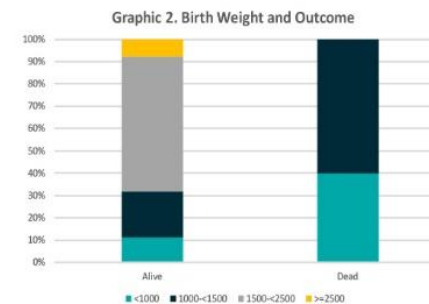
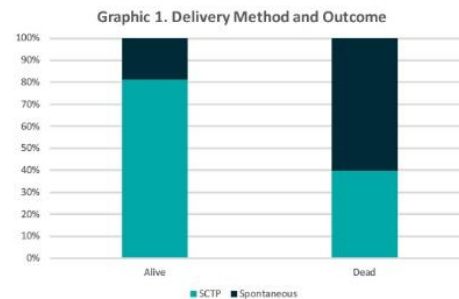
to describe the maternal and perinatal outcomes of pregnant women with early onset preeclampsia who were on immediate delivery before 37 weeks of gestation.

Methods

A descriptive study based on medical records of pregnant women with early onset preeclampsia who were on immediate delivery before 37 weeks of gestation at Dr. Kariadi Hospital, a tertiary level hospital in Semarang, Indonesia, from January 2019 to December 2019.

Results

There were 58 women diagnosed with preeclampsia before 37 weeks of gestation in the study. Among these, 29,3% were primigravida and 32,8% were women over 35 years of age. The perinatal mortality rate in this study was 8,62% (5 out of 58 cases) and 80% of the perinatal mortality were under 34 weeks of gestation. The most common maternal complication was pulmonary edema (8,6%) and the most common perinatal complication was intrauterine growth restriction (17,24%).

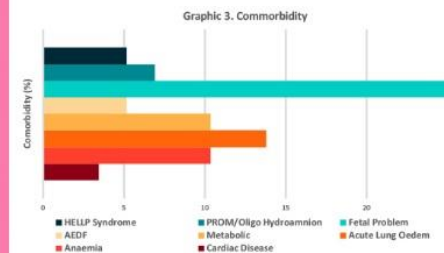


Conclusions

When there is no evidence of severe preeclampsia or impaired fetal well being, especially before 34 weeks, the pregnancy should be carefully surveilled, and the delivery, postponed, aiming at improving the perinatal outcomes.

Keywords

Preeclampsia, prematurity, delivery, early onset preeclampsia



REFERENCE

1. Ananth C.V., Keyes KM, Wapner RJ. Pre-eclampsia rates in the United States, 1980-2010: Age-period-cohort analysis. *BMJ* [Internet]. 2013;347(November). Available from: <http://dx.doi.org/doi:10.1136/bmj.f6564>
2. Emmanuel Bujold, MD Ms, Stéphanie Roberge Ms, Yves Lacasse, MD Ms, Marc Bureau M, François Audibert, MD Ms, Sylvie Marcoux, MD P, et al. Prevention of Preeclampsia and Intrauterine Growth Restriction With Aspirin Started in Early Pregnancy. 2010;116(2):402–14.
3. Coviello EM, Iqbal SN, Grantz KL, Huang CC, Landy HJ, Reddy UM. Early preterm preeclampsia outcomes by intended mode of delivery. *Am J Obstet Gynecol* [Internet]. 2019;220(1):100.e1-100.e9. Available from: <https://doi.org/10.1016/j.ajog.2018.09.027>
4. Chang JJ, Muglia LJ, MacOnes GA. Association of early-onset pre-eclampsia in first pregnancy with normotensive second pregnancy outcomes: A population-based study. *BJOG An Int J Obstet Gynaecol.* 2010;117(8):946–53.
5. Bernardes TP, Zwertbroek EF, Broekhuijsen K, Koopmans C, Boers K, Owens M, et al. Delivery or expectant management for prevention of adverse maternal and neonatal outcomes in hypertensive disorders of pregnancy: an individual participant data meta-analysis. *Ultrasound Obstet Gynecol.* 2019;53(4):443–53.

CORRESPONDING AUTHOR:

Cornelius D. Kurniawan +6282137904061