A STUDY OF LIQUOR UREA IN RELATION TO FOETAL AND PLACENTAL WEIGHT IN TOXAEMIA OF PREGNANCY

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The study of variations of biochemical constituents of amniotic fluid has been a matter of interest as their alteration may be an index of placental damage, thus resulting in retarded growth of the foetus. Though the urea is the end product of protein metabolism, little work is done on liquor urea estimation in toxaemia cases where protein metabolism is expected to be deranged. Saxena and Kharoliwal (1971) have reported raised values of liquor urea in cases of toxaemia and have shown an excess of liquor urea over blood urea.

Material and Methods

The present study consists of 107 cases admitted in U.I.S.E. hospital, Kanpur during the period of January 1972 to

April 1973. The cases were grouped as non-pregnant 25, normal pregnant 25, and toxaemia of pregnancy 57 (period of gestation 37-40 weeks). The toxaemia cases were further grouped in three classes as:

I. Mild P.E.T. (21 cases). In this group the blood pressure range was 130-146/ 86-96 mm. of Hg. with oedema and no albuminuria.

II. Moderate and Severe P.E.T. (20 cases). In this group the blood pressure range was 150-180/100-110 mm. of Hg. with marked oedema and albuminuria.

III. Eclampsia 16 cases. All cases in this group were emergency admissions and had many fits before coming to hospital. The blood pressure in all these cases was above 170/110 mm. of Hg. with massive oedema and albuminuria.

The blood and liquor amnii were collected for urea estimation in all the cases during labour. Baby weight and placental weight was also recorded in all the cases. The liquor amnii was collected during labour by following methods avoiding any contamination with blood.

(i) By aspiration of fore water under vision using a dry syringe and thick bore needle.

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(ii) During caesarean section.

Total cases of toxaemia

The urea estimation of blood & liquor was done by Nesslerization method des- made during the present study are given cribed by Wooton (1964).

Observations

The statistical analysis of observations in tabular form below:

TABLE I Comparison of Mean Blood Urea Level of Non-pregnant and Normal Pregnant Cases With

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Sl. No.	Group of cases	No. of cases	Mean blood urea in mg%	S.D.	S.E.
1.	Non-pregnant	25	28.44	2.50	0.50
2.	Normal pregnant	25	18.52	1.78	0.35
3.	Mild P.E.T,	21	20.14	2.07	0.45
4.	Moderate & severe P.E.T.	20	28.30	2.41	0.54
E	Palamania	10	20 50	0.40	0.61

57

Different Degrees of Toxaemia and Comparison Between the Different Degrees of Toxaemia

Comparison between the roups of cases	Value of 't'	Degree of freedom (d.f.)	Comparison between the group of cases	Value d.f. of 't'
t (1,2)	16.34**	48	t (3,4)	11.91** 39
t (2,3)	2.97**	44	t (3,5)	5.42** 35
t (2,4)	15.67**	43	t (4,5)	17.26** 34
t (2,5)	66.85**	39	t (1,5)	5.19** 39

TABLE II

Comparison of Mean Liquor Urea in Normal Pregnant Cases Against Different Degrees of Toxaemias as Well as Between Three Different Degrees of Toxaemia

Sl. No.	Group of cases	No. of cases	Mean J.U. in mg%	S.D.	S.E.
1.	Normal pregnancy	25	25.88	1.33	0.27
2.	Mild P.E.T.	21	28.90	2.38	0.52
3.	Moderate & severe P.E.T.	20	48.90	4.30	0.96
4.	Eclampsia	16	56.75	3.76	0.94
5.	Total cases of toxaemia	57	43.74	W 3 - 10 M	-
Con	nparison Value of		Comparison	Value of	
	veen the 't'	d.f.	between the	64.9	d.f.
g	roups		groups	1 1 1 1 4	
t	(1,2) 5.53**	44	t (2,3)	18.53**	39
- t	(1,8) 25.41**	43	t (2,4)	27.46**	35
	(1,4) 37.68**	39	t (3,4)	6.19**	34

S.D. = Standard Deviation, S.E. = Standard Error. *Significant (5% level). ** Highly significant (1% level).

t = Comparison between the groups made by testing the difference of means with the help of Fisher 't'.

d.f. = Degree of freedom. P.E.T. = Pre eclamptic toxaemia.

TABLE III (a)

Comparison of Mean Difference Between Liquor Urea and Blood Urea in Normal Pregnancy as Compared to Different Degrees of Toxaemia of Pregnancy as Well as Between Different Degrees of Toxaemia

No.	Groups of c	ases	No. of cases	Mean of LU-BU in mg%	S.D.	S.E.
1.	Normal pregna	ney	25	7.36	0.95	0.19
2.	Mild P.E.T.		21	8.85	1.15	0.25
3.	Moderate & se	vere RET.	20	20.6	2.56	0.57
4.	Eclampsia		16	24.18	4.85	1.21
5.	Total cases of	toxaemia	57	17.25	-	-
betv	nparison ween the roups	Value of 't'	d.f.	Comparison between the groups		d.f.
t	(1,2)	4.96*	44	t (2,3)	19.24**	39
	(1,3)	23.8**	43	t (2,4)	14.19**	35
	(1,4)	17.01**	39	t (3,4)	2.77*	34

LU = Liquor urea. BU = Blood Urea.

TABLE III (b)

Ratio Between Blood Urea Value and Liquor Urea Value in Normal Pregnancy and Toxaemia of Pregnancy

Groups of cases	Blood urea	Liquor urea	Ratio of BU & LU
Normal pregnant	18.52	25.88	1:1.39
Mild P.E.T.	20.14	28.90	1:1.43
Moderate & severe P.E.T.	28.30	48.90	1:1.73
Eclampsia	32.56	56.76	1: 1.74
Toxaemia (Total cases)	26.49	43.74	1: 1.66

TABLE IV

Comparison of Mean Birth Weight (in kg.) Between Normal Pregnancy and Different Degrees of Toxaemia as Well as Between Different Degrees of Toxaemia

l. No. Groups of cases	No. of cases	Mean in Kg.	S.D.	S.E.
1. Normal pregnant	25	2.88	0.8t	0.17
2. Mild P.E.T.	21.	2.69	0.24	0.09
3. Moderate & severe P.E.T.	20	2.69	0.18	0.04
4. Eclampsia	16	2.02	0.31	0.08
5. Total cases of toxaemia	57	2.36		-

Comparison betyeen the groups	Value of 't'	d.f.	Comparison between the groups	Value of 't'	d.f.
t (1, 2)	1.01 (N.S.)	44	t (2,3)	2.08*	39
t (1, 3)	3.13**	43	t (2,4)	2.53*	34
t (1, 4)	3.52**	39	t (3,4)	1.05 (N.S.)	34

N.S. = Not significant.

TABLE V

Comparison of Mean placental Weight (in kg.) Between Normal Pregnancy and Different Degrees of Toxaemia as Well as Between Different Degrees of Toxaemia

No. Groups	of cases	No. of cases	Mean Placental weight (gms)	S.D.	S.E.
1. Normal pre	gnant	25	447.60	22.20	4.44
2. Mild P.E.T	1	21	421.42	18.16	3.96
3. Moderate &	severe P.E.T.	20	399.50	24.80	0.54
4. Eclampsia		16	365.62	36.60	9.15
5. Total cases	of toxaemia	57	398.07	-	-
Comparison	Value of		Comparison	Value of	·
between the	·v	d.f.	between the	't'	d.f.
groups			groups		
t (1,2) 4.43**		44	t (2,3)	3.27**	39
t (1,3) 6.88**		43	t (2,4)	6.13**	35
t (1,4)	10.01**	39	t (3,4)	3.37**	34

TABLE VI

Figs. I to VI & Fig. IX.

Correlation Co-efficient in Mild, Moderate and Severe, preeclampsia and Eclampsia Cases Between Liquor Urea and Placental Weight, L.U.and Baby Weight, Difference Between LU—BU and Placental and Baby Weight and Between Baby Weight and Placental Weight in Eclampsia

Mild P.E.T.	Liquor Urea mg%	Placental weight -0.32 (21) N.S.	Baby weight —0.205 (21) N.S.
Moderate & severe P.E.T.	Liquor urea	-0.444* (20)	0.461* (20)
Eclampsia	Liquor urea Diff. LU-BU	0.592* (16) 0.224 (16) N.S.	0.747** (16) 0.216 (16) N.S.
	Pl Wt.		+0.890* (16)

Figs. Within brackets shows number of cases (N).

d.f. = N-2.

TABLE VII

Regression Co-efficient of Y on X in cases of Eclampsia

Y	X	byx
Pl. Wt. (gm)	Liquor urea (mg%)	5.762 gms
Baby Wt (gm)	Liquor urea (mg%)	— 0.061 gms
Pl Wt (gm)	Baby Wt (1 gm)	+ 0.107 gms

Discussion

The study of end products of protein metabolism is drawing attention of various workers in toxaemia of pregnancy. In the present study an attempt has been made to evaluate a relationship of liquor urea (the end product of protein metabolism) with foetal and placental weight.

Table I, shows the mean blood urea level in non-pregnant patients which is 28.44 mg%. There is significant alteration of this level when compared to normal pregnant level (18.52 mg%). Kishore & Tandon (1965) did not find a significant alteration in blood urea level in normal pregnancy as compared to non-pregnant level. However, the values of present study in normal pregnant cases is similar to those of Sinha et al, (1967), 18.62 mg.% and Gillibrand (1969), 18.3 mg.% Saxena and Kharoliwal (1971)have obtained the corresponding value as 27.466 mg%. In the present study when comparison was made between normal pregnant cases and different degrees of toxaemia it was found to be highly significant. However similar finding was obtained while comparison was made between different degrees of toxaemia. The values obtained in the present study are 20.14 mg% in mild P.E.T., 28.3 mg% in moderate and severe P.E.T. while 32.56 mg% in eclampsia cases. The values reported by Saxena and Kharoliwal (1971) are 30.28 mg% in mild P.E.T. 28.50 mg% in severe P.E.T. and 33.27 mg% in eclampsia. This shows that values in the present

study are similar to those of above workers in moderate—severe P.E.T. and eclampsia but are lower than their in cases of mild P.E.T.

When the comparison of values of toxaemic group was made with non-pregnant level it was found that only the values of eclampsia group (32.56 mg%) is higher than non-pregnant group which is statistically significant. In other groups values are either low or same and when mean value of total cases of toxaemia was taken it was also found to be less than nonpregnant level. This clearly shows that blood urea level is only significantly higher than non-pregnant level in eclampsia cases only. However, Kishore & Tandon (1965) reported a decrease of blood urea in normal pregnancy and increase in toxaemia, but it was not statistically significant. Saxena and Kharoliwal (1971) however, did not compare the values with non-pregnant level.

It will be observed from Table II, that the mean liquor urea value in normal pregnancy cases was 25.88 mg%. However, the values reported by other workers are, 22.1 mg% by Sinha et al (1967), 31.0 mg% by Gillibrand (1969—For 38-44 weeks period of gestation), 33.22 mg% by Saxena and Kharoliwal (1971) and 35 mg% by Mc Gaughey et al (1959). In the present study it was found that there is significant rise of liquor urea level in different degrees of toxaemia when compared to normal pregnant level and this is statistically significant. This also cor-

responds with the increase in severity of toxaemia. The mean values in present study are, 28.30 mg.% in mild P.E.T., 48.90 mg.% in moderate and severe P.E.T., while 56.75 mg% in eclampsia. The values reported by Saxena and Kharoliwal (1971) are 38.21 mg% in mild P.E.T., 42.18 mg% in severe P.E.T. and 45.66 mg% in eclampsia. When the mean value of total cases of toxaemia is taken, it is observed to be similar to that of Saxena and Kharoliwal (1971), i.e. 43.49 mg.% in present study and 42.35 mg% in Saxena and Kharoliwal study (1971).

In Table-III, are shown the mean values of difference between liquor urea and blood urea. It is evident from this table that there is significant increase in the difference in liquor urea—blood urea in all degrees of toxaemia as compared to normal pregnancy. This increase in difference is also seen with severity of toxaemia which is statistically significant. The values in the present study are, 7.36 mg% in normal pregnant cases, 8.85 mg% in mild P.E.T., 20.6 mg.% in moderate and severe P.E.T. group and 24.18 mg% in eclampsia group. When mean difference between liquor urea and blood urea of total cases of toxaemia was taken the values are, 17.25 mg%. The values obtained by Saxena and Kharoliwal (1971) are 6 mg% in normal pregnant cases, 8 mg%. in mild P.E.T., 13.7 mg.% in severe P.E.T. and 12.4 mg% in eclampsia. However, Guthmann and May (1930), Sozanskii (1961) have reported an excess of 12.5 mg% of liquor urea over maternal blood urea levels in normal pregnancy.

In the present study the ratio between blood urea-liquor urea in normal pregnant cases was 1:1.39, in mild P.E.T. 1:1.43, moderate and severe P.E.T. 1:1.73, eclampsia 1:1.74 and in total cases of toxaemia 1:1.66. The ratio reported by Saxena

and Kharoliwal (1971) is 1:1.21 in normal pregnant cases and 1:1.35 in total cases of toxaemia.

It will be seen from Table IV that the mean birth weight of babies of normal pregnancy was 2.28 kg. (For 36-40 wks. of gestation), while Sinha et al (1973) reported values as 3 kg at term pregnancy in their study of protein content of liquor amnii and birth weight in toxaemia of pregnancy. However, Halder et al (1973) reported values as 3.1 kg in their study of plasma oestriol. In the present study it was seen that their is lowering of mean baby weight in all degrees of toxaemia. This lowering was only significant in cases of moderate-severe toxaemia group and eclampsia. The lowering of baby weight was not significant in mild toxaemia when compared to normal pregnant cases and also in eclampsia when compared against moderate-severe toxaemia group. However, Sinha et al (1973) have reported a significant lowering in all groups of toxaemia but they combined the mild and moderate cases, while in the present study the cases of moderate and severe toxaemia were combined. The values in present study, are, 2.69 kg. in mild P.E.T., 2.29 kg. in moderate-severe P.E.T. and 2.018 kg. in eclampsia. The values obtained by Sinha et al (1973) are 2.66 kg. in mild and moderate group as well as in severe P.E.T. group. In eclampsia group, however, it was 2.64 kg. When total cases of toxaemia are taken, the mean birth weight of babies was 2.363 kg. in the present study, while that reported by Halder et al (1973) is 2.450 kg.

It will be observed from Table V, that normal mean placental weight is 447.6 gms. There is significant lowering of placental weight in all degrees of toxaemia as compared to normal cases and this fall in placental weight increases with severity

of toxaemia. The values are, 421.42 gms. in mild P.E.T., 399.5 gms. in moderate and severe P.E.T. and 365.62 gms. in eclampsia. The mean value of placental weight in total cases of toxaemia was 398.07 gms. Halder et al (1973) in their study of plasma oestriol in toxaemia of pregnancy reported mean placental weight in normal pregnancy as 514.4 gms., while in toxaemia cases as 402.4 gms. which is consistent with values of present study (398.07 gms).

It would be seen from Table VI, that liquor urea is negatively correlated with placental weight and baby weight in all degrees of toxaemia. (Figs. I, II, III, IV, V, VI). However, this negative correlation is only significant in moderate—severe toxaemia, while highly significant in eclampsia. The increase in difference between liquor urea and blood urea has got negative correlation both with placental weight and baby weight, but is not significant. Placental weight is positively correlated with baby weight (Figs. 7, 8)

which is highly significant in eclampsia cases (Fig. 9).

SCATTER DIAGRAM SHOWING RELATION BETWEEN L.U. &-PLACENTAL WEIGHT IN -MODERATE & SEVERE PET.

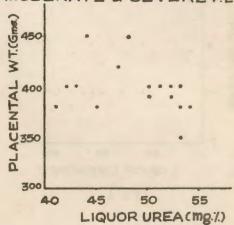
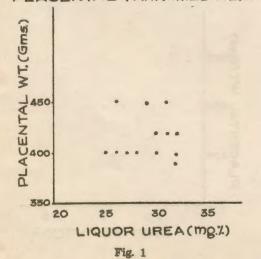


Fig. 2

SCATTER DIAGRAM SHOWING RELATION BETWEEN L.U.AND PLACENTAL WT.IN MILD P.E.T.



SCATTER DIAGRAM SHOWING RELATION BETWEEN L.U.AND PLACENTAL WT. IN ECLAMPSIA

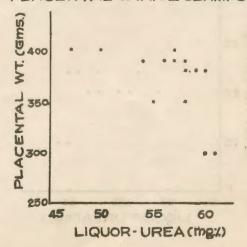
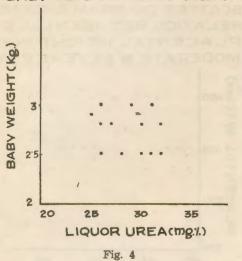
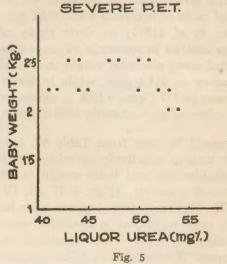


Fig. 3

SCATTER DIAGRAM SHOWING RELATION BETWEEN L.U. AND BABY WEIGHT IN MILD P.E.T.



SCATTER DIAGRAM SHOWING RELATION BETWEEN L.U.AND BABY WEIGHT IN MODERATES



SCATTER DIAGRAM SHOWING RELATION BETWEEN L.U.AND BABY WEIGHT IN ECLAMPSIA.

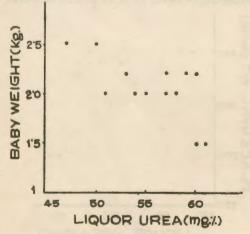


Fig. 6

SCATTER DIAGRAM SHOWING RELATION BETWEEN BABY -WEIGHT & PL.WT. IN MILD P.E.T.

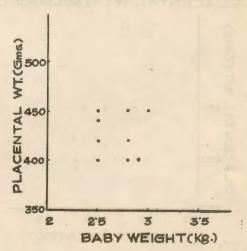
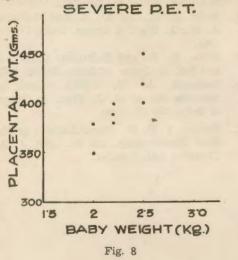


Fig. 7

SCATTER DIAGRAM SHOWING RELATION BETWEEN BABY-WT. & PL. WT. IN MODERATE AND -



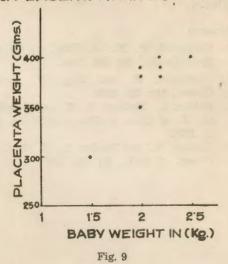
It would be observed from the regression co-efficients given in Table VII, that under eclamptic conditions per unit increase in liquor urea represents damage of 5.762 gms. of placenta and lowering of baby weight by .061 gm. However increase in placental weight by 0.107 gm represents increase of baby weight by 1 gm.

It is evident from the present study that the increase in liquor urea may be an index of placental damage and that it further results in lowering of baby weight. Rise of liquor urea is important because this only shows significant correlation with placental weight and baby weight in moderate—severe toxaemia and eclampsia.

Summary and Conclusion

- 107 cases, including 57 cases of toxaemia were studied, and statistically analysed.
- 2. The blood urea level was higher than non-pregnant level in eclampsia group only which is statistically significant.

SCATTER DIAGRAM SHOWING-RELATION BETWEEN BABY WT. & PLACENTA WT. IN ECLAMPSIA



- 3. The toxaemia cases showed significant rise in liquor urea level as compared to normal pregnant cases. There was a marked rise in moderate—severe toxaemia group and eclampsia cases where albuminuria and oedema is a marked feature along with hypertension.
- 4. There is increase of both blood urea and liquor urea in toxaemia cases, but liquor urea increases more as compared to blood urea.
- 5. The mean birth weight of babies showed a significant fall in moderate—severe P.E.T. group and eclampsia group.
- 6. Placental weight was significantly lowered in all the groups of toxaemia.
- 7. Correlation studies showed that increase of liquor urea is negatively correlated to placental and foetal weight in all the groups of toxaemia which is significant in moderate and severe toxaemia and highly significant in eclampsia.
- 8. The present study concludes that rise of liquor urea is indicative of placental damage, and due to placental da-

mage there might be lowering of foetal weight as well.

9. Further study is required in the matter.

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