

JAUNDICE IN PREGNANCY

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SUMMARY

Prospective study of Jaundice in pregnancy was carried out. Maximum number of incidence of jaundice in pregnancy was seen in 3rd trimester (60%). Maximum number of mothers were in age group 21-25 (66.66%). Acute fulminating hepatitis with pregnancy was in four cases out of which three expired and one recovered. There were two cases of hepatorenal shut down who survived. There were three maternal deaths which constitute 10% of cases. There was 64% incidence of premature labour. Thus jaundice in pregnancy is a challenge to obstetrician.

Introduction

Why hepatitis should prove so disastrous in pregnancy which is a physiological condition is not known. It is a very uncommon complication in western, well developed and socio economically advanced societies. But Indian observers have noticed different outcomes in various studies conducted at different places. (2,3,4,5,7,8).

Results & Discussion

One factor which is important is the nutritional status in developing countries and the developed countries. This malnourished state, exacerbated by pregnancy is put under further stress by a disease process like viral hepatitis.

Material and Method

A study of Hepatitis in pregnancy and puerperium was carried out in department of Obst

TABLE I

Duration of preg	No. of cases	Percentage
1st trimester	02	6.67%
2nd trimester	08	26.67%
3rd trimester	18	60.00%
Post partum	02	6.67%

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and Gynec, Civil Hospital, Ahmedabad for a period of one year (1987 Jan. to Dec.87). During this period we encountered thirty cases of jaundice associated with pregnancy in total number of 2892 admission in antenatal ward. All patients were treated in infections ward and screened for HbsAg and serial biochemical parameters were studied. Maternal and foetal outcome studied.

The incidence in 1st trimester was 6.67%. In second trimester the incidence is 26.77%. The third trimester the incidence is 60% and post partum incidence 6.67%. This is comparable to Seigler 1963 Dill(1950), Malkani & Grewal (1957), Seiglar & Keyes (1963)

hepatic failure. V. Issac (1975) had found more patients of gastrointestinal symptoms than fever with malaise. Two cases were admitted with hepatorenal syndrome and both treated conservatively and survived. Mental changes like drowsiness, stupor and coma were present in 6 patients.

Prematurity was found in 64% of the babies delivered. Prematurity was found by Issac (1975) Narayan (1969) has a large still birth in his series. Seigler (1963) and Thorling I (1955) had a low incidence of prematurity. There was no congenital malformation in any baby. There were three neonatal deaths in premature babies and no neonatal death in full term babies. Thus

Symptomatology

TABLE II

Duration of preg	Jaundice	Epigastric Pain	AHF	Fever Malaise	Anemia
1st trimester	2	1	0	1	1
2nd trimester	8	2	0	3	1
3rd trimester	18	6	4	10	9
Post partum	2	1	0	1	1

AHF: Acute Hepatic Failure.

History of contact was available in 10% of cases. All patients had jaundice and hyperbilirubinemia. In 15 patients there was fever with malaise and epigastric pain in 10 patients. 12 patients had anemia and 4 patients had acute

prematurity is most important factor for neonatal mortality. Still births were in those patients who had very severe jaundice and both the patients who delivered still born babies expired in post partum period.

Neonatal Outcome

TABLE III

Condition of Baby	Premature	%	FTND	%
Alive	5	55.5%	4	80%
SB	1	11.1%	1	20%
Neonatal death	3	33.3%	0	-

Maternal Mortality

TABLE IV

Duration of Preg	DOR	Discharged	Death	Duration of stay in days
1st trimester	2	-	-	4
2nd trimester	5	3	-	8.25
3rd trimester	5	10	3	9.77
Post partum	2	-	-	10.00

DOR: discharged on request.

There were three maternal deaths constituting 10% of all the cases. All the three patients had expired after delivery within 24 hours. All the three patients had hepatic encephalopathy and one had associated post partum haemorrhage. In Dill (1950) study there was higher maternal mortality in 3rd trimester patients but Narayan (1969) failed to find any correlation. In our study there was no maternal mortality in undelivered group of patients.

Conclusion and Summary

Incidence of hepatitis and mortality is highest during the 3rd trimester.

High degree of premature labour and foetal wastage is seen with hepatitis.

Mortality is high in patients who deliver than those who remain undelivered.

All maternal deaths occurred within 24 hours after delivery which signify than 1st post

partum day is the most critical period for the mother.

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