

## FETAL OUTCOME IN ECLAMPTIC PATIENTS

DUBAY P. ● SINGH V. K. ● MALHOTRA R.

### SUMMARY

Eclampsia, is associated with an increased perinatal morbidity and mortality. In this study, total perinatal mortality rate for eclampsia was 13%. However, the perinatal mortality rate was 4% for fetuses alive on admission. So intense intrapartum management of mother as well as fetus plays an important part.

### INTRODUCTION

Eclampsia still remains one of the major complications of pregnancy in the developing countries of the world. Recent reports indicate good survival rates for fetuses alive on admission to referral centres. So intense intrapartum management of mother as well as baby plays an important part.

### MATERIAL AND METHODS

For the study the patients selected were those admitted to UISEM hospital, Kanpur. Most of the cases were admitted as emergencies Total number of patients

studied were 80. Out of these 40 were treated with dilantin sodium and 40 with magnesium sulphate.

After obtaining brief history from patient's attendants, complete examination of the patient was done with special emphasis on abdominal examination. Vaginal examination was done to find out if patient was in labour or not and for assesment of pelvis. These patients were then managed after dividing them into 2 groups. Group 1 patients received intravenous dilantin sodium and group 2 patients intravenous magnesium sulphate. After the fits were controlled the pregnancy was terminated, if needed, vaginally by artificial rupture of membranes combined with oxytocin infusion

*Dept. of Obst. & Gyn. GSVM Medical College, Kanpur.*

*Accepted for Publication on 18.03.1994.*

**OBSERVATIONS**

**Table I**  
Showing Mode of Delivery

Sr. No.	Mode of Delivery	Phenytoin Group		Magnesium Sulphate Group	
		Number	%	Number	%
1.	Vaginal	28	75	31	86
2.	Caesarean section	08	25	05	14

Mode of delivery was not affected by anticonvulsant regimen ( $p > 0.05$ )

**Table II**  
Showing Fate of Fetus

Sr. No.	Fate of Fetus	Phenytoin Group		Magnesium Sulphate Group	
		Number	%	Number	%
1.	Dead when first examined	10	25.0	07	18.00
2.	Alive when first examined	30	75.0	33	82.00
	- intrapartum death	01	3.3	01	3.03
	- born alive	29	96.7	32	96.97

**Table III**  
Showing Weight of Fetuses Born Alive

Sr. No.	Weight (gms)	Phenytoin Group		Magnesium Sulphate Group	
		Number	%	Number	%
1.	< 1000	03	10	02	06
2.	1000 - 1500	12	41	12	38
3.	1500 - 2000	09	31	10	31
4.	2000 - 2500	03	10	07	22
5.	2500 and above	02	08	01	03

The effect of either of 2 drugs on birth weight of babies is not statistically significant ( $p > 0.05$ )

Table IV  
Showing Apgar Score of Fetuses

Sr. No.	Apgar Score	Phenytoin Group		Magnesium Sulphate Group	
		Number	%	Number	%
1.	0 - 6	06	20	05	17
2.	6 - 8	13	45	14	48
3.	8 - 10	10	35	13	35

in favourable cervix and by a caesarean section in unfavourable circumstances.

Apgar scoring of the newborn was done, congenital abnormality looked for and weight noted.

### DISCUSSION

Out of 36 patients of antepartum and intrapartum eclampsia treated with phenytoin sodium, 28 (75%) delivered vaginally and 8 (25%) by caesarean section. However in a study by *Dommissse (1988)* caesarean section rate was higher. In the second group treated with magnesium sulphate, 31 (86%) delivered vaginally and 5 (14%) by caesarean section. Similar observations were reported by *Pritchard, et al (1975)* who found caesarean section rate to be 23% as against vaginal delivery in 77% cases.

10 (25%) fetuses in phenytoin sodium group and 7 (18%) in magnesium sulphate group were dead prior to starting treatment. However, in a study by *Pritchard et al (1975)* death was seen in 5.8% of fetuses. This high incidence of antepartum death in our set up is due to poor antenatal follow up of patients as is evident from the fact that almost all were admitted as emergencies.

8% of fetuses in phenytoin treated group and 3% in magnesium sulphate treated group were of birth weight more than 2 Kg while all others were below 2 Kg. In phenytoin group the mean birth weight of infants was  $1560 \pm 262$  gms while that in magnesium sulphate group was  $1640 \pm 282$  gms. Similar findings were observed by *Sibai et al (1980)* who in his study found mean birth weight of infants to be  $1496 \pm 456$  gms.

Apgar score in phenytoin group was more than 6 in 23 out of 29 infants (80%) and in magnesium sulphate group in 27 out of 32 infants (83%). No such literature is available as far as we know.

There was no congenital abnormality seen in any of the infants delivered in either groups. No such literature is available as far as we know.

### CONCLUSION

1. Mode of delivery was vaginal in 75% cases in phenytoin sodium group and 86% in magnesium sulphate group.

2. 25% of fetuses in first group and 18% in second group were dead prior to starting treatment while there was only one intrapartum death in each group.

3. 8% of fetuses in first group and 3%

in magnesium sulphate group were of birth weight more than 2 Kg while all others were below 2 Kg.

4. Apgar score in first and second group was more than 6 in 23 (80%) and 32 (83%) cases respectively.

5. No congenital abnormality was seen in any of the infants in our study.

**REFERENCE**

1. *Domisse J : Brit J. of Obstet. & Gynec. : 97;104;1990.*
2. *Pritchard JA, Cunningham F.G. and Pritchard SA : Am. J. Obstet. & Gynec. : 148;951;1975.*
3. *Sibai M, Lipshitz J, Anderson G.D. and Diltz PV : Obstet. & Gynec. : 57;199;1980.*