

# Pregnancy Outcome in a Sickle Cell Mother

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Mrs. S. M. 16 years., primigravida, married for 3¼ years., was admitted on 15.03.97, carrying 32 weeks pregnancy with severe abdominal pain radiating to the back for last 3 days. On examination she was found anaemic with B.P. 130/70 mm. Hg. & mild pedal oedema, hepatomegaly and 28 weeks uterus with oligo hydramnios and a living growth retarded fetus. The pain was not related to labour pains since she was not in labour. On investigation of peripheral blood smear, Hb was 6 gm%, WBC 28,000/Cmm., DC N32, L55, M9, E1, adequate platelets, anisocytosis, poikilocytosis, plenty of normoblasts, sickled RBC and Howell - Jolly bodies reflecting a picture of sickle - cell haemoglobinopathy. USG of abdomen revealed spleen of 11 cm in long axis and USG of uterus showed 2.3 kg. baby of 35 wks. maturity on 02.04.97. Hb Electrophoresis done on 16.04.97 revealed a prominent band in the region of Hbs with concentration of Hb 98.4% and positive sickling test. PCV was 16%, HbF 9.52%.

Patient was transfused 6 bottles of packed RBC at intervals of 2-3 days, so as to maintain Hb% > 8gm%. On 17.04.97, she had PROM and went into spontaneous labour and delivered vaginally a male baby of 2.2 Kg. after 6 hrs. of labour on 18.04.97. During labour, she was put on IV fluids, transfused 2 bottles of fresh blood. She had no PPH and infusion drip continued for 72 hours after delivery so as to avoid any sickle crisis. She was given high dose of 3rd generation cephalosporins and recovered uneventfully. The baby though an IUGR one, had a smooth neonatal course and was put on breast feeding. At discharge, her B.P. was 140/90 mm. Hg. and Hb 9.8 gm% she was kept under follow-up in haematological department for subsequent treatment.

This is a very uncommon disease, particularly in this part of the country and to encounter a sickle cell mother with a favourable outcome is a rare experience.