

# Delivery in PIH

## When , Where and How

**Dr Latha Venkataram FRCOG ,MRCPI**

South Bangalore OBGYN Doctors and Associates

Rangadore Hospital

Sringeri Sharada Peetam Trust



# Principles in management

- **“Planned childbirth on the best day in the best way”**
- Birth of the baby is always in the best interest of the woman
- There are no maternal benefits to expectant management
- Goal of expectant management is to achieve fetal maturation in utero

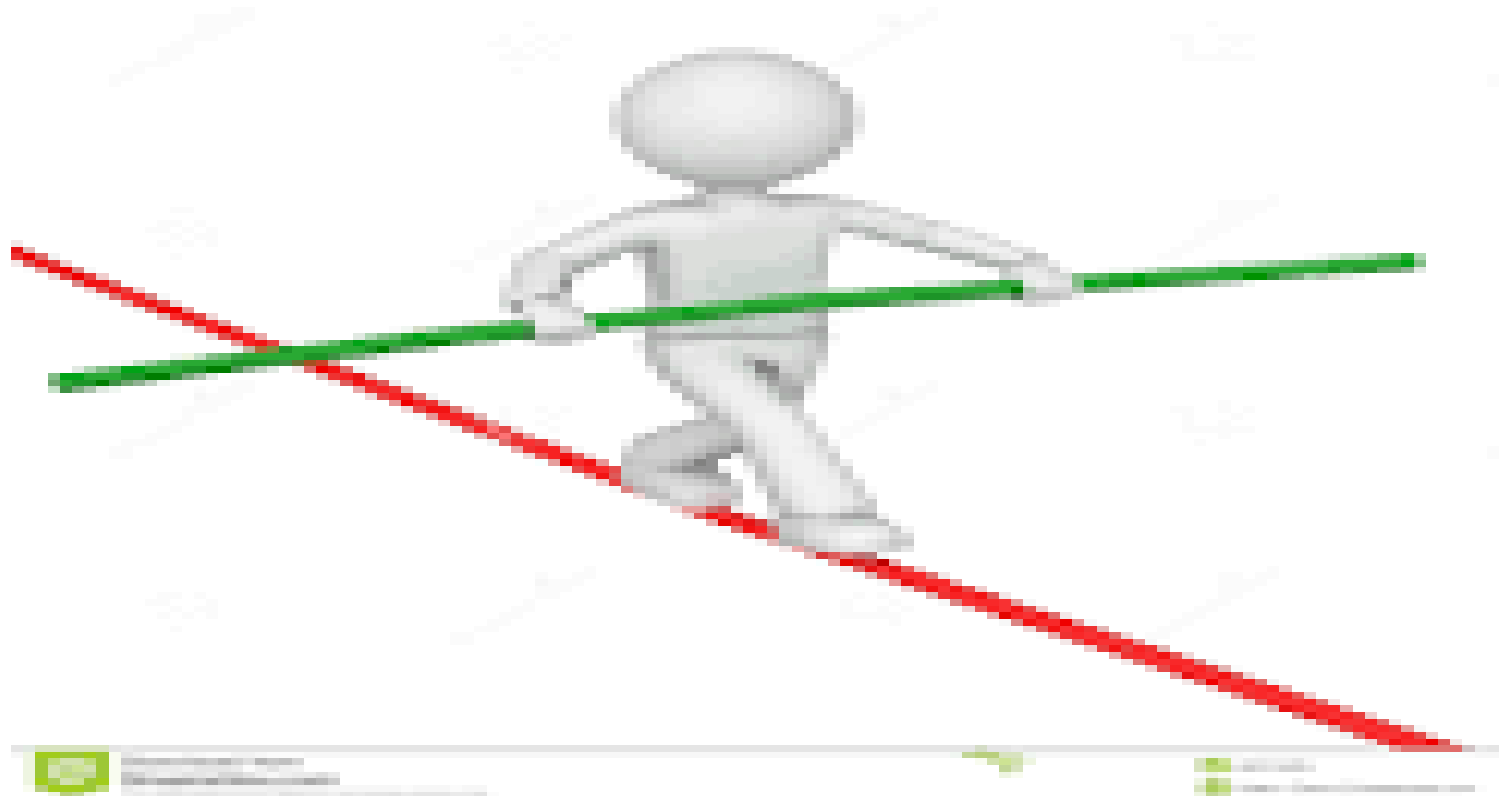
# Facts....

- Approximately 40% of women are eligible for expectant care
- During expectant management, women should be aware that the decision to continue such management will be made on a daily basis and that *the median time of pregnancy prolongation is 7 days with a range of 2 to 35 days*
- Expectant management is associated with reduced short-term neonatal morbidity in a select group of women with a gestational age between 24 and 32 weeks
- *A day more in utero reduces NICU stay by 3 days*

# Conclusions

- **WHEN** Disease severity , fetal condition and gestational age are factors that determine when to deliver
- Dilemma in decision making is common especially between 24/ 25 & 34 weeks
- Expectant management should benefit the fetus without greatly compromising maternal health
- prediction of mothers at risk of deterioration is difficult at present
- Feto maternal surveillance is important if expectant management
- **WHERE**- Depends on facilities in your set up level 1/2/3
- **HOW** -Mode of delivery depends on presence or absence of fetal compromise, gestational age and other obstetric problems
- GH-PE is not a contraindication for vaginal delivery
- Appropriate feto maternal monitoring is a must in labour
- GA can be associated with higher morbidity or even mortality
- Antihypertensives to be continued postpartum till BP normal without Anti HTN

Delivery is always appropriate for the Mother  
but not always for the fetus



# Summary

- When- balance of mother vs foetus, GA, severity. Dilemma
- prediction of mothers at risk of deterioration is difficult at present
- How – Individualise mode of delivery
- Precautions in labour, postpartum- MgSO<sub>4</sub>, Fluids

# Planned childbirth on the best day in the best way

- **Delivery is always appropriate for the mother**
- **May not be optimal for a fetus that is extremely premature**
- Expectant management should benefit the fetus without greatly compromising maternal health

# Mild hypertension and nonsevere PE

- **Can be managed at home or in a day care facility**
- Twice a week evaluation of maternal BP, urine protein by dipstick or P/C ratio (GH only), and symptoms of impending eclampsia.
- Weekly measurements of hematocrit, platelet count, serum creatinine, and liver function tests.
- The onset of maternal symptoms and/or a sudden increase in BP to severe values requires prompt hospitalization for close evaluation and possibly delivery.



# Initial management

- **The presence of severe disease mandates immediate hospitalization.**
- **IV magnesium sulfate is begun to prevent convulsions**
- **Antihypertensive medications to lower severe levels of hypertension**
- Corticosteroids to accelerate fetal lung maturity.
- During the observation period, maternal and fetal conditions are assessed, and a decision is made regarding the need for delivery