

## FETO MATERNAL OUTCOME IN JAUNDICE COMPLICATING PREGNANCY, AN OBSERVATIONAL STUDY IN TERTIARY CARE HOSPITAL



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### ABSTRACT

**Background:** Jaundice in pregnancy is an important medical disorder, commonly seen in developing countries like India .

The objective of the study is to evaluate the causes leading to jaundice in pregnancy and to analyse the fetal maternal outcome in patients with jaundice in pregnancy.

**Methods:**

This is an prospective observational study over a period of 1 year, conducted in the Department of Obstetrics and Gynaecology , KGH , Vizag. Antenatal patients who presented with Jaundice were included in this study.

**Results:**

Total of 82 cases . Majority of patients were of age group 20 – 25 years . Max no. of cases were primi gravida . most common cause was pre eclampsia . 52.4% patients improved and discharged. Vaginal deliveries – 56.1% . Most common reason for maternal mortality in this study was Hepatic Encephalopathy.

**Key Words:** Jaundice complicating pregnancy, preeclampsia, HELLP syndrome, Hepatic encephalopathy .

### INTRODUCTION:-

Jaundice in pregnancy has potentially serious consequences to both mother and fetus and is commonly seen in developing countries like India.

Jaundice during pregnancy can be attributed to liver diseases unique to pregnancy, pre-hepatic causes, hepatic causes and post-hepatic causes of jaundice. Liver dysfunctions unique to pregnancy are pre-eclampsia, HELLP syndrome, acute fatty liver of pregnancy, intrahepatic cholestasis of pregnancy and hyperemesis gravidarum. Pre-hepatic conditions including haemolytic anaemia, hepatic pathologies like acute viral hepatitis, drug-induced hepatitis, Budd–Chiari syndrome, Wilson’s disease cause clinical hyperbilirubinemia. Post-hepatic pathologies like CBD obstructions, gall stones, choledochal cyst, pancreatitis can also lead to clinical jaundice in pregnancy. Pre-eclampsia-related liver dysfunctions and viral hepatitis are the most commonly encountered causes of jaundice in pregnancy.

This study aims to evaluate the etiology of jaundice and its severity in pregnancy.

### METHODS:-

This is an prospective observational study over a period of one year ( October 2022 to September 2023) conducted in the department of obstetrics and gynaecology, King George hospital ,Visakhapatnam. Antenatal patients who presented with jaundice were included in this study.

**RESULTS:-**

- 82 patients had jaundice during pregnancy.
- Majority of patients were of age group 20 – 25 years.

Age Group	Incidence (%)
20 – 25 Years	70%
26-30 Years	15%
>30 Years	15 %

**Max no. cases were primi gravida and are presented in third trimester**

Trimester	Incidence (%)
1 <sup>st</sup> Trimester	11%
2 <sup>nd</sup> Trimester	19.3%
3 <sup>rd</sup> Trimester	69.7 %

**Most common causes of Jaundice in pregnancy**

Cause of Jaundice	Incidence (%)
Pre eclampsia	48.78%
Viral hepatitis	30.48%
Hemolytic anemia	12.19%
Cholestasis of pregnancy	4.87%
AFLP	2.43%
Hyperemesis gravidarum	1.21%

**DISCUSSION:**

Liver dysfunction in pregnancy is associated with various pathologies including viral hepatitis, leptospirosis, malaria, increased haemolysis and pregnancy-related conditions like pre-eclampsia, HELLP, acute fatty liver, cholestasis of pregnancy and hyperemesis gravidarum. Though the incidence of pre-eclampsia in pregnancy remains

uniform worldwide (2–8%) [8], there is a major geographical variation in other hepatic conditions encountered during pregnancy. In developed countries like USA, gall stones and pre-eclampsia are the commonest cause of abnormal liver function [9]. In sub developed countries like India where sanitation and safe drinking water are still major social issues, viral hepatitis especially hepatitis E is on a rising trend. In many contemporary studies including the present study, hepatitis E was found to be the most common cause of jaundice in pregnancy even surpassing pregnancy-related liver dysfunctions [10].

82 patients presented with jaundice during pregnancy.

Most common cause was -

Pre eclampsia – 48.78%, viral hepatitis – 30.48%, Hemolytic anemia – 12.19%, cholestasis of pregnancy – 4.87%, AFLP – 2.43%, Hyperemesis gravidarum 1.21%,

52.4% patients improved and discharged and 47.6% patients expired.

Vaginal deliveries – 56.1%, abdominal deliveries – 43.9%.

Most common reason for maternal mortality – DIC f/b hepatic encephalopathy

Mortality was higher in patients with total bilirubin - >10 mg /dl

Perinatal mortality – 37.6%

#### **CONCLUSION:-**

Jaundice in pregnancy has adverse fetomaternal outcome.

Poor outcome attributed to delay in seeking medical advice, lack of awareness, lack of proper ANC.

Improvement in health awareness, education, regular antenatal check ups, may result in early diagnosis and treatment of jaundice during pregnancy and reducing maternal and fetal morbidity and mortality.

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