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ESTIMATE GESTATIONAL AGE (1st trimester- hyperemesis gravidarum, 2nd & 3rd trimester- IHCP, AFLP, Pre-Eclampsia, Eclampsia syndromes) **HISTORY OF** itching, increased blood pressure records, convulsions, irritability, drowsiness.

GENERAL EXAMINATION-Assessment of GCS, DTR, BP, Respiratory & CVS examination, urine albumin, RBS if required.

PER ABDOMINAL EXAMINATION to assess fetal status.

DIFFERENT CAUSES OF JAUNDICE IN PREGNANCY DECODED

PREGNANT WOMEN WITH RAISED SERUM BILIRUBIN OR SGOT/SGPT.

COMPLETE HISTORY + CLINICAL EXAMINATION

Ascertain whether the disease is pre-existing, related to pregnancy, or co-incidental

DERANGED HEPATOCELLULAR PROFILE

Increased AST/ALT

DERANGED BILIARY FUNCTION

Increased bilirubin/ALP

RULE OUT

Viral Hepatitis- Hepatitis A,B,C,E (anti HAV IgM, HbsAg, Anti HCV IgM, HEV IgM)

Herpes (HSV IgM), CMV (CMV IgM) . Epstein barr virus (VCA IgM) infections

Drug Intake. (eg- antitubercular drugs, carbamazepine, glucocorticoids)

Others- Autoimmune disorders such as chronic active hepatitis, primary biliary cirrhosis (ANA, Anti SMA, AMA)

DERANGED BILIRUBIN + /- ALP

/

EVALUATION TO RULE OUT BILIARY OBSTRUCTION USG upper abdomen

> NO EVIDENCE OF **OBSTRUCTION**

INCREASED ALP ONLY

NO FURTHER TESTING REQUIRED

Increased ALP due to placental production

> PRESENCE OF GALL STONES.

SURGICAL EVALUATION AND TREATMENT

Gestation > 30 weeks Itching on palms & soles, increased at night

Fasting serum bile acids $> 10 \mu$ mol/L

DIAGNOSIS OF INTRAHEPATIC CHOLESTASIS OF PREGNANCY (IHCP)

Monitor LFT weekly until delivery. Coagulation profile should be done.

TREATMENT

Topical & systemic emollients to treat pruritis

Ursodeoxycholic acid 10-15 mg/Kg in divided doses.

Vitamin K - 5 - 10 mg if prolonged prothrombin time.

Any type of fetal surveillance cannot prevent fetal death

Elective termination of pregnancy by 37⁺⁰ weeks.

Continuous fetal monitoring during labor.

Repeat LFT 10 days postpartum.

Systolic Blood pressure > 140 mmHg or diastolic blood pressure > 90 mmHg \pm proteinuria.

Presentation after 20 weeks.

Ask symptoms of imminent eclampsia such as headache & epigastric pain not responding to treatment, blurring of vision Presence of convulsions

Associated decreased platelet count < 1 lakh cells/ μ L, evidence of hemolysis.

DIAGNOSIS OF PRE- ECLAMPSIA WITH SEVERE FEATURES/ECLAMPSIA/HELLP

Pre- eclampsia with severe features / eclampsia / **HELLP** continued

Gestation <34⁺⁰ weeks without imminent signs /convulsions

Gestation > 34 weeks/ imminent signs/ convulsions

TREATMENT

Administer corticosteroids for fetal lung maturity. Daily LFT, Urine output to be monitored. Coagulation profile to be done. Antihypertensives for blood pressure control. Deliver after completion

of steroid cover and MgSO4 during labor

TREATMENT 4 pronged approach

Start MgSO4 injection. Anti-hypertensives for blood pressure control. Feto maternal monitoring. Termination of pregnancy.

Presentation in third trimester. Exclusion of other causes of jaundice

SWANSEA criteria 6 criteria met.

- 1. Vomiting
- 2. Abdominal pain
- 3. Polydipsia/polyuria
- 4. Encephalopathy
- 5. \uparrow bilirubin (>14 μ mol/L)
- 6. Hypoglycaemia (< 4mmol/L)
- 7. \uparrow urate (>340 μ mol/L)
- 8. \uparrow TLC(> 11X10 $^{\circ}$ L)
- 9. ↑ ALT/AST (> 42 IU/L)
- 10. \uparrow ammonia (> 47 μ mol/L)
- 11. \uparrow Creatinine (> 150 μ mol/L)
- 12. Coagulopathy(PT> 14 sec. Aptt $> 34 \, \text{sec}$)
- 13. Ascitis or bright liver on USG
- 14. Microvesicular steatosis on liver biopsy

DIAGNOSIS OF ACUTE FATTY LIVER OF PREGNANCY

(Long chain 3- hydroxyacyl Co A dehydrogenase deficiency.)

TREATMENT

Prompt delivery required. Monitor blood glucose, urine output, signs of encephalopathy

PREGNANCY RELATED WORK-UP