

A rapid review of delivery outcome among pregnant women infected with Covid-19 in Keningau Hospital from April 2020 to April 2022

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ABSTRACT

Introduction: Our objective is to report the outcomes of delivery in pregnant women with Covid-19. **Methods:** Retrospective review of data from standardized clinical reports of 187 pregnant women confirmed with Covid-19 confirmed infection delivered in Keningau Hospital between April 2020 to April 2022. **Results:** A total of 664 pregnant mothers were diagnosed to have Covid-19 infection and 187 (28.99%) were enrolled to the study as they delivered during the stipulated duration of review. 43 (23%) delivered vaginally and 144 (77%) delivered via caesarean section. All women who delivered vaginally presented in advanced labour and almost 30% of the cases were delivered through instrumental delivery. All Covid-19 infected mothers were discharged well except one who succumbed to death due to complications of Covid-19 stage 5 but baby was well and alive. One neonate delivered by caesarian section was diagnosed to be Covid-19 positive. There was also one case delivered as breech assisted delivery, later succumbs to death due to lethal congenital abnormality (Covid negative). No staff were infected from handling Covid cases in this cohort. **Conclusions:** Pregnant women infected with Covid-19 had more interventions to ensure no cross contamination from mother to baby and to minimize exposure of medical staff involved. It is known that vaginal delivery cause more risk of airborne transmission towards newborn and medical staff involved while caesarian section offer more controlled environment but an increased risks of surgical and anaesthesia complications to the mother.

HELLP syndrome with abruptio placenta and intrauterine fetal demise (IUD) in a patient with a previous history of eclampsia complicated with posterior reversible encephalopathy syndrome (PRES): A case report

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ABSTRACT

Introduction: Hypertensive disorders in pregnancy cover a spectrum of conditions, including preeclampsia, chronic and gestational hypertension with sinister complications of HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome as a leading cause of fetal and maternal morbidity and mortality. **Case Description:** A 19-year-old, gravida 2 para 1 at 31 weeks period of gestation with gestational diabetes. Her first pregnancy was complicated with eclampsia with PRES syndrome on day 3 post-delivery, and she required ICU admission and assisted ventilation. She recovered well with no neurological deficit. On the 31st week of gestation of her second pregnancy she presented with painful uterine contractions and vaginal bleeding. Her blood pressure was 116/63 mmHg, heart rate was 96 beats per minute, and she was afebrile. On assessment, the uterus was larger than the date and speculum examination was unremarkable, hence diagnosed as revealed abruptio placenta. Ultrasound findings of non-viable singleton fetus with huge retroplacental clots and laboratory findings concluded the diagnosis. Intravenous magnesium sulphate was given in loading of 4 g over 15 mins followed by a maintenance dose of 1 g/h for 24 hours. An emergency cesarean performed. Intraoperatively, massive amount of retroplacental clot with Couvelaire uterus requiring blood transfusion. Postoperatively, her blood pressure was optimized with a single antihypertensive agent and she was discharged on day 5 post-operative. **Discussion:** HELLP syndrome is a severe and dreadful complication of preeclampsia and eclampsia. Timely diagnosis and prompt intervention is crucial to arrest further complications.