

The perinatal complications of severe pre-eclampsia: very important morbidity and mortality risk

Objective: to evaluate fetal and neonatal morbidity and mortality in the case of patients with severe preeclampsia.

Methods:

We performed a prospective, descriptive study conducted at the department of gynecology-obstetrics D. The study period extended over 3 years, from April 2017 to December 2019.

Results:

We collected 291 cases of severe pre-eclampsia. In 121 cases the pre-eclampsia was early before 34 weeks gestation and in 170 cases late.

For early preeclampsia, we noted 5 cases of In Utero Fetal Death (4.1%). 94 newborns were admitted to the Neonatal Intensive Care Unit (77.7%). The level of respiratory difficulties at birth was 81%.

We noted 47 cases of intrauterine growth retardation at birth (38.8%)

21 newborns developed ventricular hemorrhage (17.4%). We noted 28 cases of Enterocolitis (23.1%)

For late pre-eclampsia, we observed 7 cases of In Utero Fetal Death (4.1%). Only 32 newborns were admitted to the neonatal intensive care unit (18.8%). The level of respiratory difficulties at birth was 16.5%. We noticed 22 cases of intrauterine growth retardation at birth (12.9%). 6 babies only had ventricular hemorrhage (3.5%). We noted only 7 cases of Enterocolitis (4.1%).

The neonatal mortality level was very low in comparison to early preeclampsia. We observed 4 cases of neonatal death only (2.4%).

Conclusion:

Prematurity is one of the main complications of severe preeclampsia. In the majority of cases, it is induced prematurity. After prematurity, the second most common complication was neonatal respiratory distress at a level of 45%. Other morbid neonatal complications were IUGR (24.7%), enterocolitis (12.5%), and ventricular hemorrhage (9.68%).