

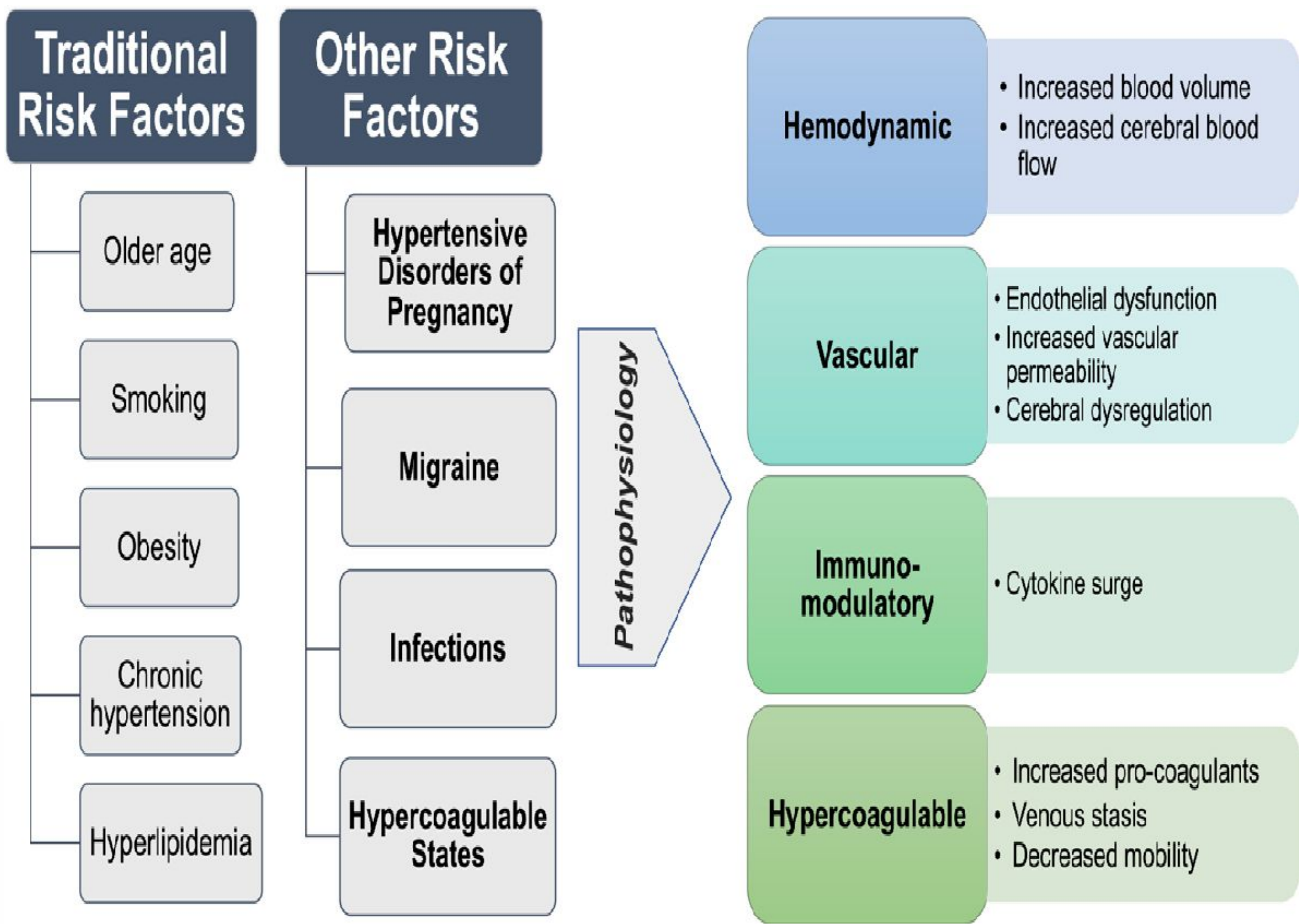
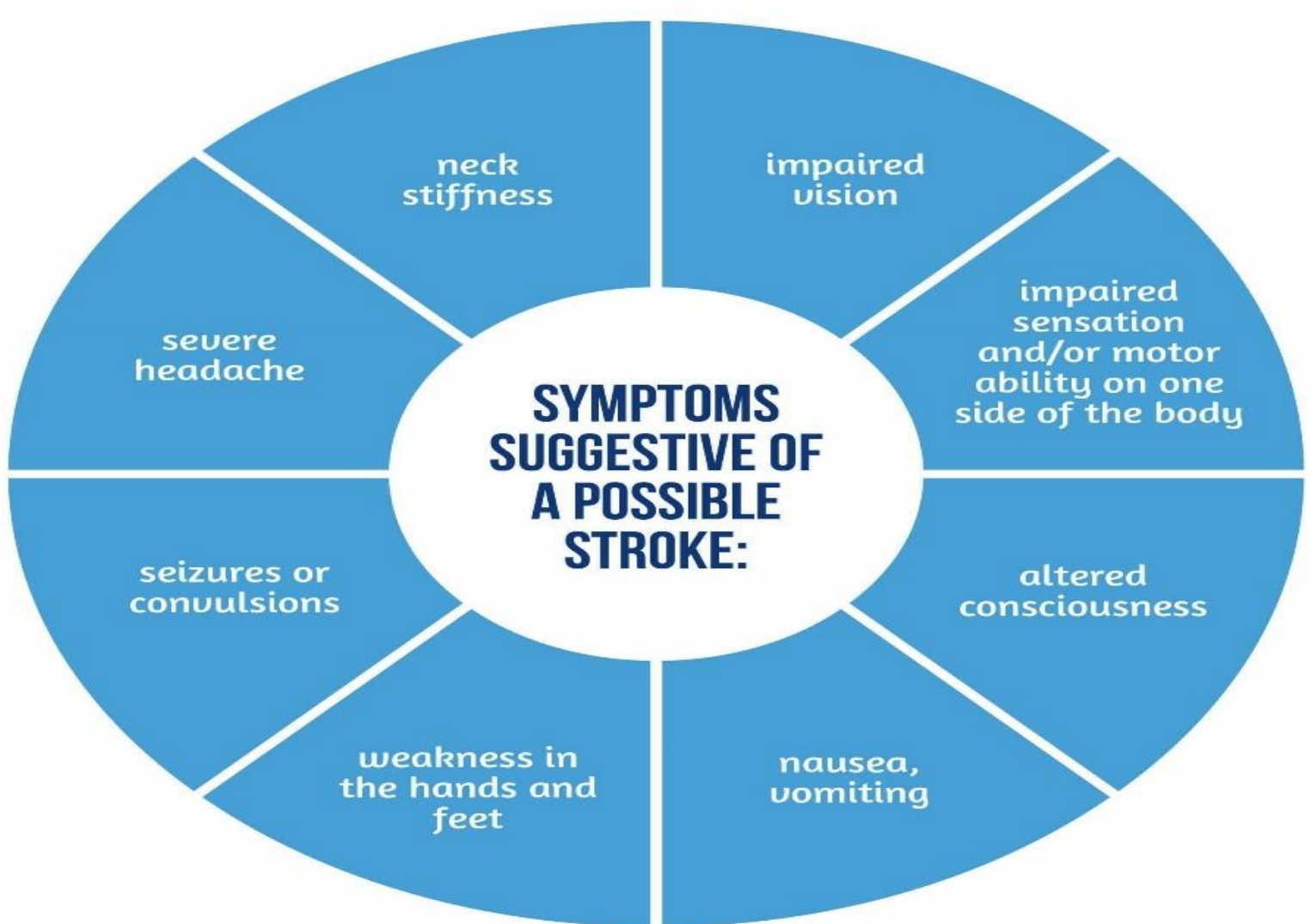
Rising concern: A case of stroke in labour

Dr.Lovely Thomas,Registrar, Calderdale Royal Hospital, Miss.Fifydani Shamsudin, Consultant, Calderdale Royal Hospital

Objective : Stroke is the second leading cause of death worldwide. Pregnancy related stroke occurs in 30 per 100,000 pregnancies. Management of stroke in pregnancy is complex requiring careful balance between maternal and fetal well- being. Its rarity leads to diagnostic and treatment challenges thus emphasising the need for multidisciplinary team approach.

Case- report: A woman in her early 40’s,in her second pregnancy, attempted vaginal birth after caesarean section (VBAC) at home, even though it was out of criteria. She went into labour spontaneously after 38 weeks. When the home birth team arrived at her residence, she was in the birthing pool. Her initial observations were all normal and she was having moderate to strong contractions 3in 10minutes. She declined intermittent observations. Three hours later, she started to push involuntarily and after 30minutes of pushing, she complained of weakness of the left side of the body. She was lifted out of the pool as she couldn’t weight bear and was transferred immediately to the hospital. She was reviewed by a multidisciplinary team consisting of obstetrician, obstetric anaesthetist ,stroke physician ,radiologist and midwives. Examination in hospital showed left sided weakness, which required computerised tomography (CT)scan and brain angiogram to assess the brain perfusion. However, due to contractions, she was unable to go through the scanner. Vaginal examination revealed that she was 8cm dilated with presenting part at-2 station and in occipetotransverse position. Decision made to do emergency caesarean section (CS) followed by CT head in the immediate post-operative periods. The CS was uneventful. Her CT head showed a 4 cm bleed in the right frontal lobe and CT angiogram was normal. The impression was intracerebral haemorrhage, which might have been triggered by pain induced hypertension. She was stabilised and transferred to stroke ward. Magnetic resonance imaging (MRI) 6 weeks later showed slow resolution of the bleed. She is now independent with her daily activities with no difficulties in speech, swallowing or vision. She has weakness of the left lower limb but the strength of the left upper limb improved.

Suspect a stroke?
Act **FAST** and call 999.



Discussion: This case had significant challenges like requiring prompt diagnosis, specialised management to ensure maternal and fetal safety, need for multidisciplinary team approach and balancing anti-coagulation risks and benefits.

Conclusion: Further research is needed to enhance our knowledge about treatment approaches and preventive strategies for stroke in pregnancy.