

High risky pregnancy

مدرس المادة

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High Risk *Pregnancy*



Overview

In a high-risk (at-risk) pregnancy, the mother, fetus, or neonate is at •
increased risk of morbidity or mortality before or after delivery

Pregnancy places additional physical and emotional stress on a •
woman's body

Health problems that occur before a woman becomes pregnant or •
during pregnancy may also increase the likelihood for a high-
risk pregnancy

In recent years, the number of high-risk pregnancies have gone up, almost by

15-20%

**TYPICAL AGE OF WOMEN
WHO FALL UNDER HIGH
RISK OF PREGNANCIES ARE
30-38 years**

Causes:

- **Hypertension** leading to pre-eclampsia
- **Diabetes** causing gestational diabetes
- **Recurrent** pregnancy loss
- **Late** pregnancy
- **Assisted** reproductive therapy
- **Obesity**
- **Nutritional** deficiency
- **Autoimmune** disease
- **Placental** problems



High risk factors of pregnancy and their management at an ANC clinic

- Complications can occur during pregnancy and affect the health and survival of the mother and the fetus
- checkups during pregnancy4 Every pregnant woman must receive at least
- 36-40 weeks and 28-32 weeks, 14-26 weeks, 12 st check-up within 1Registration and (weeks
- Proper history should be elicited and complete general physical, systemic and abdominal examinations performed during each ANC visit

High Risk Conditions of pregnancy not to be missed

- (mg/dL7 Severe anemia (Hb < 7)
- Pregnancy induced hypertension, pre-eclampsia, pre-eclampsic toxemia
- Syphilis/HIV positive
- Gestational diabetes mellitus
- Hypothyroidism
- (years35 years) or elderly gravida (more than 20 Young primi (less than 20)
- Twin/multiple pregnancy

High Risk Conditions of pregnancy not to be missed

Malpresentation •

Previous LSCS •

Low lying placenta, placenta previa •

Positive bad obstetric history (H/O still birth, abortion, congenital
(.malformation, obstructed labor, premature birth etc

Rh negative •

Patient with history of any current systemic illness(es)/past history of
illness

Warning signs to be explained to each pregnant woman

- Fever $> 38.5^{\circ}\text{C}$ for more than 24 hours
- Headache, blurring of vision
- Generalized swelling of the body and puffiness of face
- Palpitations, easy fatigability and breathlessness at rest
- Pain in abdomen
- Vaginal bleeding / watery discharge
- Reduced fetal movements





Hypertensive disorders of pregnancy

- of pregnancies 10% Hypertensive disorders complicate around
- in two consecutive 140/90 Hypertension is defined as BP \geq readings at any time of pregnancy

Types of hypertensive disorders in pregnancy

Chronic Hypertension •

weeks of 20 Hypertension that antedates the pregnancy or present before •
gestation

.It can be complicated by pre-eclampsia when there is proteinuria as well •

Pregnancy induced hypertension •

weeks of pregnancy 20 Hypertension after •

Pre-eclampsia •

May present with any symptoms of headache, blurring of vision, •
epigastric pain or oliguria and oedema

hrs apart, 4-6 recorded 160/110 but <140/90 When the blood pressure is \geq •
hrs specimen or with 24gm/dl in a 3 associated with proteinuria >
+2+ or 1proteinuria trace,

Types of hypertensive disorders in pregnancy

Severe pre-eclampsia •

+4+ or 3 with proteinuria 160/110 The blood pressure is \geq •

Eclampsia •

Eclampsia is the occurrence of generalized convulsion(s), usually •
associated with background of pre-eclampsia during pregnancy, labour
or within seven days of delivery

However, it can occur even in normotensive women •
and proteinuria more than trace 140/90 Convulsions with \geq •

Likely complications of hypertensive disorders of pregnancy

Maternal

HELLP syndrome

ARDS

Renal failure

Pulmonary edema

DIC

Fetal

IUGR

IUD

Fetal distress

Prematurity



Anemia during pregnancy and in the postpartum period

- 58.7% Prevalence of Anemia in pregnant women in India is
- g/dl in pregnancy or immediate post partum 11 Anemia is defined as Hb level < period
- (g/dl 7 g/dl), severe (< 7-9.9 g/dl), moderate (10-10.9 Anemia is grouped as mild (
- Iron deficiency anemia is the commonest

Complications due to anemia in pregnancy

Maternal

Cardiac failure

Susceptibility to infections

Preterm labour

PPH

Sub-involution

Failing lactation

DVT

Fetal

IUGR

Anemia of newborn

Prematurity

Pregnancy with Previous Caesarean sections

- of pregnancies suffer from major obstetric complications 15% About that require emergency care
- of the total delivery cases may require CS 10% Nearly
- years, the rate of cesarean section has steadily 35 In the past 25% to approximately 5% increased from

Intrauterine growth retardation (IUGR)

It is referred to birth weight below the 10th percentile for the gestational age caused by fetal, maternal or placental factors

(The fetus is healthy but small for gestational age (SGA))