High risky pregnancy مدرس المادة م.د. میادة كامل محمد ر عاية صحية اولية

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 highrisk 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 < •
- 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
 - 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

hours24 °C/for more than 38.5Fever > •

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 pregnancies10% Hypertensive disorders complicate around
 - in two consecutive140/90 Hypertension is defined as BP >= 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 pregnancy20 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 >= hrs specimen or with 24gm/dl in a 3 associated with proteinuria > +2+ or 1proteinuria trace,

Types of hypertensive disorders in pregnancy

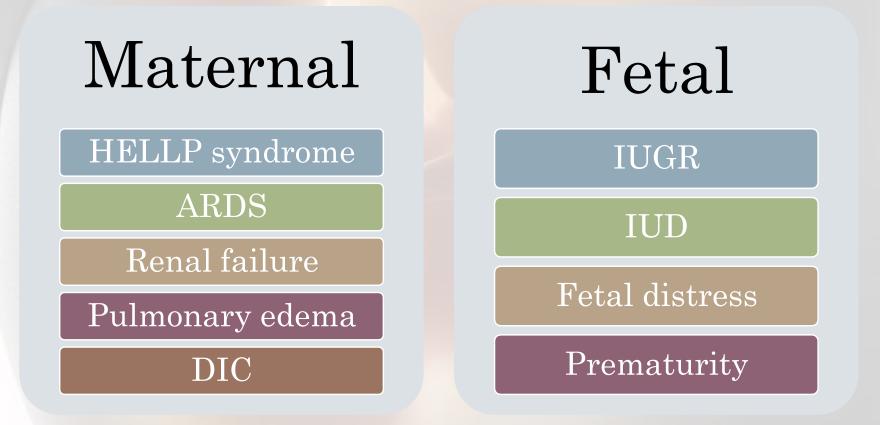
Severe pre-eclampsia •

+4+ or 3with proteinuria 160/110 The blood pressure is >= •

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 trace140/90 Convulsions with >= •

Likely complications of hypertensive disorders of pregnancy



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 11Anemia is defined as Hb level < period
- (g/dl7 g/dl), severe (< 7-9.9 g/dl), moderate (10-10.9Anemia 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



IUGR

Anemia of newborn

Prematurity

Pregnancy with Previous Caesarean sections

- of pregnancies suffer from major obstetric complications15% About that require emergency care
 - of the total delivery cases may require CS10% Nearly $~\cdot$
 - years, the rate of cesarean section has steadily 35 In the past 25%to approximately 5% increased from

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Intrauterine growth retardation (IUGR(

th percentile for the10It is referred to birth weight below the gestational age caused by fetal, maternal or placental factors

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

Oll 04-Vmax 32.9cm/s -Vd 5.18cm/s RI 0.842 Measurement(s) Required.