ABSTRACT

BACKGROUND:

In pregnancy the liver exhibits a range of altered functions including changes in blood flow to liver, cholesterol synthesis and secretion, gall bladder motility is reduced, total and free bilirubin levels are reduced in all trimesters.

Abnormal liver tests occur in 3%-5% of pregnancies. The causes maybe

1. Co-incidental (hepatitis, gallstones)

2. Chronic liver disease

3. Pregnancy related (acute fatty liver of pregnancy, HELLP syndrome, hyperemesis gravidarum, intrahepatic cholestasis of pregnancy)

The differential diagnosis of the changes that occur physiologically during pregnancy from diseases co-incidental with pregnancy and pre-existing liver disease is mandatory for proper treatment.
OBJECTIVES:

To study the incidence and distribution of jaundice in relation to age, parity, socio economic status and duration of pregnancy. To study the relation of serum bilirubin levels to maternal mortality. To assess the severity of maternal outcome in terms of maternal mortality and morbidity.

METHODOLOGY:

The patients are evaluated for jaundice by various investigations, Investigations included liver function tests, serum bilirubin, SGOT, SGPT, alkaline phosphatase, Viral markers, prothrombin time (PT), partial thromboplastin time (PTT), bleeding time (BT), clotting time (CT), platelet count and ultrasound abdomen were carried out as and when required. The results are entered in a data collection sheet in an Excel sheet and compared with maternal outcomes to find out various contributing factors for maternal mortality.

RESULTS:

Out of the 46 patients, 19 were primi (41.3%), 21 (45.7%) were in age group of 21-25 years, 43 were in third trimester, bilirubin levels were very high that is >15 in 6 patients (13%). Common etiology is viral hepatitis 25(54.3%), DIC is the most common cause of death (37.5%). 21 patients had multiple transfusions.
CONCLUSION:

According to my study, the incidence of jaundice complicating pregnancy in Coimbatore medical college is 3/1000. Viral hepatitis is the commonest cause with about 25 cases. The factors responsible for high maternal mortality in our country are malnutrition, poor personal hygiene, ignorance, delay in seeking medical advice, High serum bilirubin level is associated with high mortality levels. The incidence is high in primigravida and in third trimester .

KEYWORDS :

Jaundice, Hepatitis, HELLP Syndrome, DIC, Bilirubin.