

## Report of the National Eclampsia Registry

Written by Administrator

Tuesday, 04 March 2014 20:40 -

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The reporters are increasing and so is the popularity of the registry as recorded in the rise in numbers from the previous report. In August 2013 we had

### **Total reporters 75**

In the year 2012 total monthly reports received 61

In the year 2013 total monthly reports received 85

In the year 2012 total eclampsia cases registered 55

In the year 2013 total eclampsia cases registered 122

Total number of deliveries registered – 33823

While today the numbers are as under (after 4 months duration)

### **Total reporters 88**

In the year 2012 total monthly reports received 61

In the year 2013 total monthly reports received 156

In the year 2012 total eclampsia cases registered 55

In the year 2013 total eclampsia cases registered 227

Total number of deliveries registered – 57252.

The registry definitely has brought a good number of members under its fold to contribute data to create our own evidence to devise the standards of practice. Many members have started taking active interest and have aligned with the government facilities to train medical officers in preventive measures. Many members are actively participating in the delivery of specialized antenatal care on a regular basis on the antenatal day. This awareness is certainly contributing towards achieving the safety to our mothers which is so desired. Challenges still remain.

After 2012 till date we have 55572 deliveries reported with 227 cases of eclampsia with a prevalence of 1.7% which is nearly the same as the past three years which implies that we need to work fast to curb the menace. The prevalence of pregnancy hypertension continues to be 9% and that of preeclampsia 5%. EOPET is of concern as 42% had onset of hypertension before 34 weeks while 55% were reported to have hypertension after 34 weeks. 20 % of the patients were referred by general practitioners, 15% by public health centers while 30 % by other doctors and 35% of the patient were self-referred. 9% patients had epilepsy while 4%

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had family history of hypertension. There is a significant improvement in the care delivered with 96% receiving antihypertensive treatment and 99% receiving magnesium sulphate. The Pritchard's regimen is more popular with 70.8% patient getting this while 7% were offered Zuspan's regimen and 20% cases were treated with low dose regimen. Nifedepine is a popular antihypertensive agent and methyldopa next in the line of preference followed closely by labetalol. 1.3% patients also received atenolol in spite of it not being recommended antenatally. Out of the 98 patients of eclampsia analyzed for complications 30% were shifted to ICU care stressing the need of obstetric HDU. 1% died, 14% had abruptio placentae, 10% postpartum hemorrhage, 7% pulmonary edema, 6% status eclampticus and 1% magnesium toxicity. 20% had HELLP syndrome while 3% adult respiratory distress syndrome and 4% had ARF.

Lessons learnt: standardization of laboratory assessment and continuum of care postpartum essential. Increasing awareness for early antepartum care, preventive strategies like magnesium sulphate and antihypertensive medications and training there in to all health care providers is essential. Preventive measures for fluid monitoring and postpartum hemorrhage need to be practiced. Epilepsy, early marriages, anemia continue to be important issues requiring aggressive care. Hypertension targeted antenatal care and public awareness programs essential.

We do have a lot of women presenting with EOPET and also many unusual cases presenting which continue to be enigmas. But what we can we must. More members need to participate. The link to the registry [www.ner-fogsi.in](http://www.ner-fogsi.in) is already placed on the FOGSI website. We need to have it also on the ICOG website. Out of the 75 reporters only 17 are ICOG Members. Way back in 2008 we had felt that many ICOG members will report but that is not the actual case. Repeated mails to this effect have not yielded any response. We need to look into this matter.