Scripta Scientifica Medica, vol.28, Suppl.1,pp.29-30

MANAGEMENT OF LABOUR WITH CEREBRAL PATHOLOGY

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According to the USA demographer Potts significance of mother's mortality as quantitative value can be expressed by an annual loss of 500 000 women, i.e. one every minute, which equals a 270 passengers airplane crushing every 4 hours.

The belief that Republic Bulgaria has a favourable mother's mortality rate is not actually true, as it is a result of the initial successes in the 50-ies and 60-ies. It is accepted at present that this rate has significantly increased (rating 22 nd among 35 countries in Europe), as the basic group of women, dying in connection with their maternity have deceased due to extra-genital causes, the cerebral pathology being one of them. This forces an increased interest towards it on behalf of obstetricians and gynecologists.

For the period 1986-1991 we have followed 54 women in labour with cerebral pathology, dividing them into 3 groups:

Group I

Women in labour with epilepsy - 30 bearing per vias naturales

Group II

Women in labour with pre-eclampsia and eclampsia - 22

Of them: 18 bearing per vias naturales

4 bearing with Cesarean section

Group III

Women in labour with cerebral tumour - 1 bearing with Cesarean section (28 g.w.).

All women have been urgently admitted, with the exception of these ones of Group I, who have been preventatively hospitalized. The main reason in Group II was increased blood pressure and shortened pulse pressure without evidence of other pre-eclampsia symptoms.

The preventatively hospitalized epileptics are divided into 2 subgroups. The first subgroup comprises 25 cases of preliminary confirmed diagnosis of epilepsy. The second subgroup comprises 5 cases, where the birth appears as a triggering moment for epilepsy.

In Group III one pregnant woman with cerebral tumour was observed whereby the diagnosis was registered during pregnancy.

All women in Group I gave birth per vias naturales, whereby before and during labour intramuscular supporting treatment with

Phenobarbital was applied. All births passed without any obstetric complication. Upon completion of the puerperium the women from subgroup II were sent to the Clinic of Psychiatry for diagnosis and treatment.

The Group II women reguire special attention due to the high risk of mother's mortality. All pregnant women were hospitalized with declared labour and the management depended on the labour characteristics. 22 women gave birth through active management (lower amniotomy, Oxytocin perfusion, spasmolitics, hypotensives). 22 children were born alive. The women were discharged 5 to 7 days post partum. In 4 cases Cesarean section was performed due to mother's indications. In 3 cases the eclamptic fits could not be controlled. There was 1 case of typical clinical pattern of a haemorrhagic cerebral stroke, confirmed by computer tomography. Despite the intensive reanimation treatment, carried out by an anaesthesiologist, a neurologist and an obstetrician, exitus letalis came on the 17th postoperative day.

In Group III one case of cerebral tumour was observed, diagnosed during pregnancy. The obstetric management was Cesarean section in the 28th g. w. due to mother's indications.

1. The pregnant and delivering epileptics who are systematically observed and treated by a neurologist and an obstetrician, do not show complications during labour and delivery.

2. Considering the fact that cerebral haemorrhages comprise a main reason for mother's mortality at pre-eclampsia, the underestimation of the state impedes the adequate hospital treatment.

3. Acute disorder of cerebral blood circullation is a very serious indication both for mother and foetus.

4. The management during labour is determined by the severity of the clinical patterns and the condition of mother and foetus. The basic method is per vias naturales by active management and increased surgical control.

5. The chances for eclampsia recurrence at a successive pregnancy are greater in case of systolic pressure 160 mm Hg during the eclampsia. Eclampsia is considered early (before the 36th g.w.) also in case hypertension is observed 10 days post partum.