

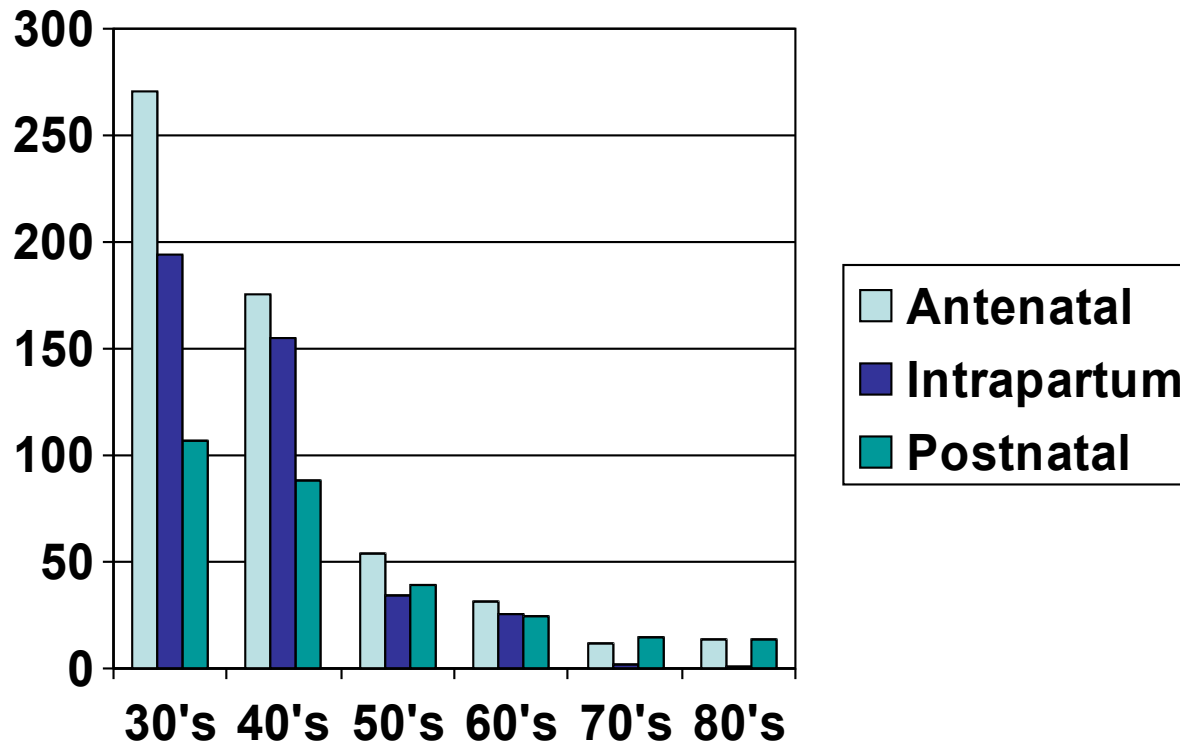
What to do after delivery?
Que faut-il faire après l'accouchement?
Vorgehen nach der Entbindung

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Cinical questions

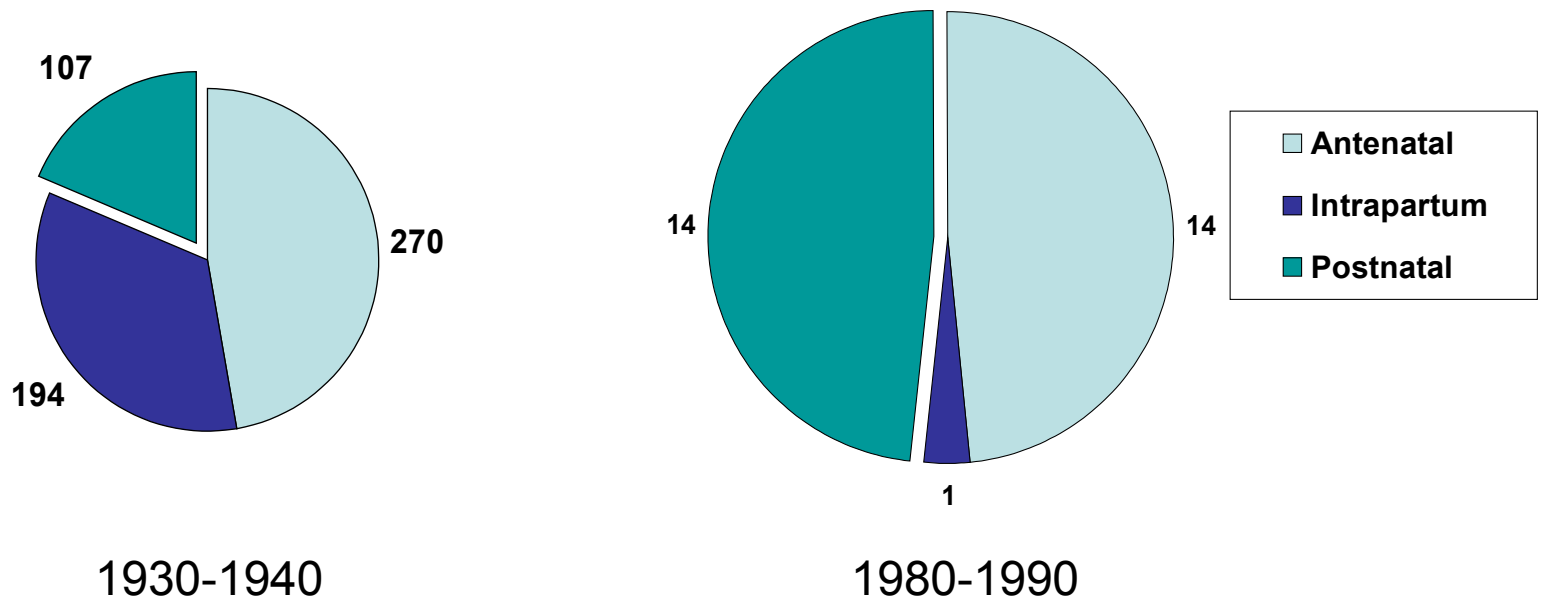
- Post-partum
 - Is it possible to have preeclampsia/eclampsia after delivery?
 - How long after delivery may preeclampsia happen/persist?
- Post-partum management
 - How long should MgSO₄ be continued?
 - How to manage PP hypertension?
 - Other interventions: corticosteroids, furosemide, curetage...
- Long-term risks
 - Are women with preeclampsia at risk for mortality, hypertension, CV diseases and other diseases in later life?

Occurance of post-partum eclampsia



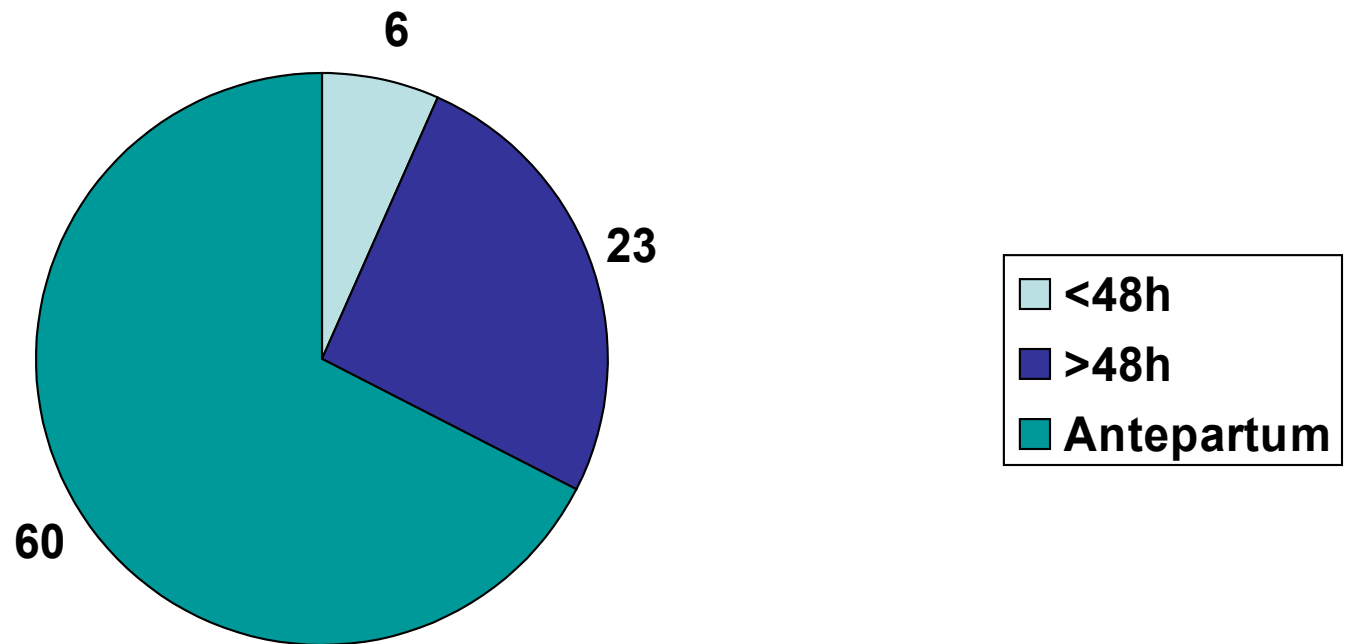
- Nearly half of eclampsia cases after delivery in recent years
- Mortality also dropped, with no maternal death since 1964

Changes in the proportion of postpartum eclampsia



Glasgow Maternity archives; Leitch, BJOG, 1997

Postpartum eclampsia



- Only 5 women with >48h postpartum eclampsia had preeclampsia

Late postpartum eclampsia (48h to 28 days)

- Among 62 cases of convulsions after delivery (day 3 to day 23)
 - 8 other etiologies
 - 54 eclampsia

Lubrasky, OG, 1992

Postpartum preeclampsia

- 3 hospitals, 10 years
- 3988 preeclampsia
- 229 postpartum (5.7%)
- 151 women readmitted to hospital
- 24 eclampsia

- NB: 37 women with preeclampsia during pregnancy, 6 chronic hypertension, 4 gestational hypertension

How long should MgSO₄ be continued?

- Usual duration: 24 hours postpartum
- Why this duration?
 - post-partum eclampsia happens
 - without preeclampsia
 - decreasing risk with time in carefully followed-up women
 - we would need to treat a large number of women to avoid one case

Selective or universal MgSO₄?

- 4 years of selective MgSO₄ in Dallas
- not giving MgSO₄ to women with mild preeclampsia
- 50% increase in eclampsia compared to the 5 preceding years
- NNT=92 women to avoid an additional case
- **These are the results of the Magpie Trial!**

24h or 12h MgSO₄?

- 200 women
 - mild preeclampsia
 - 12 or 24hours?
-
- no clinically important differences between groups

Ehrenberg, Mercer, OG, 2006

How to manage PP hypertension?

- Many available options
 - βblockers: labetalol (Trandate)
 - calcium channel blockers: nifedipine (Adalat)
 - hydralazine (oral seldom used)
 - diuretics
 - ACE-inhibitors
 - prazosine (Minipress)

Other treatments

- Corticosteroids for women with HELLP syndrome
 - small trials shown benefit on biological outcomes
 - no major change in the clinical course
- Furosemide (Lasix) 20mg daily for 5 days
 - 264 women
 - no benefits
- Some proposed curetage, with no evidence so far.....

Later life after preeclampsia

- Chronic hypertension
 - 13 studies (21030 women)
 - risk after a median of 14 years: 50%
 - RR: 3.7 (2.7-5.1)
 - large studies: 2.4; small studies: 4.4
- Ischemic heart disease
 - 8 studies (>2 million)
 - risk after 12 years median follow-up: 5%
 - RR: 2.2 (1.9-2.5)
 - no significant heterogeneity

continued

- Stroke
 - 4 studies (1 670 000 women)
 - follow-up 10 years
 - RR: 1.8 (1.5-2.3)
- Thromboembolism
 - 3 studies (400 000 women)
 - follow-up 5 years
 - RR: 1.8 (1.4-2.3)
- No additional risk of any or breast cancer

Mortality in later life

- 5 studies (800 000 women)
 - RR: 1.5 (1.1-2.1)
 - mostly related to hypertension and cardiovascular diseases

What to do to modify the risk?

- What is the optimal follow-up after preeclampsia?
- What are effective interventions to decrease the risks?