

## Expectant management of severe preeclampsia before 34 weeks of gestation

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### Objective

To determine if expectant management of severe preeclampsia prior to 34 weeks' gestation can improve perinatal outcome compared with prompt delivery after steroid administration.

### Methods

In this study were included 52 patients with severe preeclampsia between 28 and 34 weeks' gestation hospitalized in the University Hospital of Obstetrics and Gynaecology "Koco Gliozheni" in Tirana. 26 patients were treated immediately and 26 patients were managed expectantly. The primary outcomes were maternal morbidity and perinatal morbidity and mortality.

### Results

In the group managed immediately, we had 6 cases (23%) with HELP syndrome, 1 case with renal insufficiency, 3 cases (11.5%) with eclampsia, 4 cases (15.4%) with placental abruption, 1 case with postpartum haemorrhage. In expectant management group, resulted 2 cases (7.7%) with HELP syndrome, 2 cases (7.7%) with eclampsia, 2 cases (7.7%) with placental abruption. There were no maternal deaths. Perinatal outcome in immediate management resulted: mean birthweight at delivery 1506g, perinatal mortality 61.5%, IUGR fetuses 57%, and respiratory distress was notice in 16 cases (61.5%), neonatal jaundice in 16 cases (61.5%) and IVH in 2 cases (7.7%). In expectant management: mean birthweight at delivery was 1608g; perinatal mortality was 30%, IUGR fetuses 57%, respiratory distress syndrome was notice in 12 cases (46%), neonatal jaundice in 21 cases (80%) and IVH in 3 cases (11.5%).

### Conclusion

No statistically significant differences in relation to maternal outcome were found between two groups, but we found a statistically significant decrease of perinatal mortality ( $p=0.026$ ) in expectant management group. Expectant management of patients with severe preeclampsia occurring before 34 weeks of gestation may improve perinatal outcomes but requires careful maternal and fetal surveillance.