

Expectant Management of HELLP: Prednisolone Cuts Exacerbations

BY MIRIAM E. TUCKER
Senior Writer

VIENNA — Prolonged prednisolone administration reduces the risk of HELLP exacerbations in women undergoing expectant management remote from term, Pieter van Rynnard Heimel, M.D., said at the 14th World Congress of the International Society for the Study of Hypertension in Pregnancy.

Previous studies have demonstrated a beneficial effect of corticosteroids during expectant management in women with early-onset preeclampsia and HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome.

Most of these studies, however, have not looked at antepartum treatment for longer than 48 hours, said Dr. Heimel of the department of perinatology and gynecology at the University Medical Center, Utrecht, the Netherlands.

Of 31 women who developed HELLP syndrome before 30 weeks' gestation and were being managed expectantly, 15 were given 5 mg intravenous prednisolone twice daily, while the other 16 received intravenous placebo. The two groups did not differ in maternal age, blood pressure, or worst laboratory values.

Delivery was postponed for about a week in both groups, and the mean interval between entry and delivery—6.9 days with prednisolone versus 8.0 days with placebo—was not sig-



nificantly different. However, HELLP exacerbations occurred in just 6 prednisone patients, compared with 13 in the placebo group, a significant 50% relative risk reduction.

The number needed to treat to prevent one recurrent exacerbation, 2.4, was also significant, Dr. Heimel reported at the meeting.

Time to recovery of normal lab values differed significantly for platelets (1.7 days with prednisone vs. 6.2 days for placebo), but not for liver enzyme levels. There were no significant differences in cesarean section rates (15 in the prednisone group and 14 in the placebo group) or in fetal or maternal indications for cesarean section.

There were three maternal complications—liver hematoma, liver rupture, and liver rupture/maternal death—all in the placebo group.

The relative risk of HELLP exacerbations was reduced 50% in the prednisolone group.

DR. HEIMEL

Mean gestational age and birth weight were not significantly different between the two groups.

Four perinatal deaths occurred in the placebo group; two were fetal demise, and two were in newborns within the first week of life. Three infants in the prednisolone group died within the first year of life.

Ten infants from each group were still alive at 24 months. Of those, two from the prednisolone group had head circumferences less than 2 standard deviations below normal, while three from the prednisolone group and four from the placebo group had other abnormalities, according to Dr. Heimel. ■

Pitocin Orders Should Match Hospital's Protocol

SAN FRANCISCO — Before you write an order for Pitocin administration to induce or augment labor, be sure you know your hospital's protocol for Pitocin use, Dennis J. Sinclitico, J.D., advised.

In the three most recent obstetrical malpractice cases in which he served as a defense attorney, the physicians gave nurses orders for Pitocin (oxytocin) that contradicted the hospital protocol for Pitocin use, he said at a conference on obstetrics, gynecology, perinatal medicine, neonatology, and the law.

That contradiction forces nurses to make decisions about the utilization, titration, and discontinuation of Pitocin "without the comfort and background of their own protocol," he noted. Often there is no further physician involvement besides orders to "call me when you're ready" for delivery.

Basically abandoning nurses with contradictory orders is "a terrible mistake and indefensible in many instances," said Mr. Sinclitico, a defense lawyer in Long Beach, Calif.

If you want to leave orders for Pitocin use that differ from the hospital's protocol, document why you think your approach to management is important and appropriate. Give the nurses

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written instructions documenting that your orders differ from the protocol and tell them how and when to adjust, titrate, or discontinue the Pitocin dosage. Provide written instructions on how and when the nurses should contact you.

Pitocin is a player in virtually every case he defends, even if it's not a relevant factor,

Mr. Sinclitico noted. "I can't remember a case recently in which Pitocin wasn't ordered in some fashion," he said at the meeting, sponsored by Boston University and the Center for Human Genetics.

The biggest problem he sees in the cases he defends that involve Pitocin administration stem from insufficient response to findings on the fetal heart rate monitoring strip. Fifteen, 20, or 60 minutes go by before nurses or physicians respond to a potential problem identified by the strip, and the health care workers leave insufficient documentation about the course of events, their timing, and reasons for acting or not acting.

"If I have a practice tip for you, it would be to go back to your hospital and emphasize the notion that if you're going to allow nurses to make those judgments, they should be made appropriately and in a timely fashion," he said.

Because individual responses to Pitocin differ, the dose must be monitored carefully and adjusted as needed. Used properly, Pitocin can prevent the need for cesarean section in some deliveries. Risks from the force of contractions induced by Pitocin include potentially greater reductions in uterine blood flow than occur with natural contractions, which can lead to a greater reduction in oxygen for the fetus and possible fetal distress.

—Sherry Boschert

Isolated Fetal Intracardiac Echogenic Focus Doesn't Increase Aneuploidy Risk

BY NANCY A. MELVILLE
Contributing Writer

PHOENIX, ARIZ. — The presence of an isolated intracardiac echogenic focus on fetal ultrasound does not increase the risk for aneuploidy in the absence of other risk factors in women younger than 35 years of age, Kathleen Bradley, M.D., reported at the annual meeting of the Pacific Coast Obstetrical and Gynecological Society.

Consequently, amniocentesis may not be indicated in these patients, she said.

Dr. Bradley and her associates conducted a study that involved 10,875 pa-

tients who had an ultrasound evaluation in the second trimester at Cedars-Sinai Medical Center, Los Angeles, from 1997 to 1999.

A total of 176 cases, or 1.6%, of fetal intracardiac echogenic foci (IEF) were identified. Among them, 80% had an isolated IEF finding, and 20% had other ultrasound findings.

Abnormal karyotypes were identified in the fetuses of three IEF patients. Each of the three patients was at least 35 years old. The three fetuses all had trisomy 21, according to Dr. Bradley, a perinatologist in Tarzana, Calif.

"Our findings suggest that there is not an increased risk of aneuploidy with isolated IEF where there are no other risk factors in women" aged 35 or younger, Dr. Bradley said at the meeting, which was cosponsored by the American College of Obstetricians and Gynecologists.

Dr. Bradley noted a larger study of 12,672 patients evaluated in the second trimester. There

were 479 cases of IEF and 11 cases of trisomy 21. Only one fetus with trisomy 21 had an isolated echogenic focus (J. Ultrasound Med. 2004;23:489-96).

"These trends may be helpful for current clinical management," Dr. Bradley said. She urged a move toward individualized risk assessment to include factors such as advanced maternal age, biochemical screening, and all ultrasound markers, given a relative risk for each soft marker.

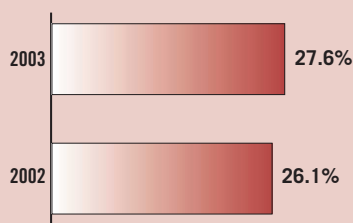
"It is important to determine a critical cutoff level to offer invasive clinical diagnosis. Should we use the current age-based risk or the procedure-related risk?" she asked. In addition, Dr. Bradley noted that of the 97 patients involved in the study and who underwent amniocentesis, there were no procedure-related losses.

In a comment on the study, Roger Rowles, M.D., a Yakima, Wash., ob.gyn., emphasized that the findings, along with the larger study, offer important insights into the use of amniocentesis for isolated intracardiac echogenic foci.

"The reasonable conclusion is that finding an IEF should prompt a detailed anatomic survey and, in the absence of other ultrasound markers and risk factors, patients should not be offered amniocentesis," he said. ■

DATA WATCH

Total Cesarean Delivery Rate



Source: Centers for Disease Control and Prevention