MATERNAL AND NEONATAL OUTCOME IN OBSTETRIC CHOLESTASIS: A COMPARISON OF EARLY VERSES LATE TERM DELIVERY.
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OBJECTIVE:
To evaluate maternal and neonatal outcome in Obstetric Cholestasis (OC) in early versus late term delivery.

PATIENT AND METHOD:
This was a retrospective cohort study conducted in Aga khan hospital for women (AKHW) Karimabad, Karachi, from 1st Jan, 2011 to 31st Oct, 2012. All patients of OC with singleton pregnancy, admitted for labor induction between Jan 2011 to Oct 2012 were included. Patients were divided in two groups as in early term delivery (Group A : patient from 37 to 37+6 weeks) and late term delivery (Group B : patient with more than 38 weeks gestation). The demographic, laboratory and clinical data of these patients were collected from their medical record. Maternal and neonatal outcome were analyzed using SPSS version 19.

RESULTS:
The study found that in Obstetric Cholestasis patients admitted for labor induction, the risk of caesarean delivery was higher in Group A as compared to Group B. There was no difference in postpartum complication (p-value 1.00) in both groups. Late induction in OC patients was not associated with neonatal jaundice (p-value 0.4) and no difference in mean birth weight of baby (p-value 0.85). There was no intrauterine death (IUD) in any group.

CONCLUSION:
OC patients who deliver after 38 weeks of gestation have a higher chance of vaginal delivery without increasing the risk of stillbirth. With close monitoring of OC patients, pregnancy can be followed till 38-38+6 completed weeks and then induced in order to reduce induction delivery interval and caesarean section.