

Challenges of improving perinatal outcome for a known high pregnancy in middle income country

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High-risk pregnancies pose challenges before, during and after delivery for the mother, fetus and newborn including serious alloimmune hemolysis. Many of such serious cases are still due to RhD incompatibility. Additional cases are due to sensitization to minor blood group incompatibility. Maternal red blood cell alloimmunization remains an important cause of fetal anemia. Despite encouraging treatment modalities to improve the outcome of fetal anemia and Hydrops including prophylactic administration of anti-D immune globulins in Rhesus

negative patients and invasive procedures of intrauterine transfusion (IUT), complications still occur. In this context, perinatal outcome also depends on timely diagnosis and treatment of fetal anemia. Most of intrauterine transfusion (IUT) is performed for fetal anemia caused by Rh-D antibodies. Unfavorable fetal and neonatal outcomes in our group of patients presented in this presentation still occur even after implementing IUT to prevent or treat fetal heart failure (hydrops) to allow the pregnancy to continue. This could have been avoided by implementing preventive measures including a good screening program for maternal blood group, red-blood-cell antibody identification at the time of admission, and administration of anti- D prophylaxis at the appropriate time.

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