

Table 2: Daily Assessment for Delivery versus Continuing Pregnancy

| Clinical Criteria: | Present | |
|---|--|--|
| | Yes | No |
| Persistent maternal headache | Yes | No |
| Visual disturbance (blurred or scotomata) | Yes | No |
| Hypoxia (O ₂ saturation < 95%) or pulmonary edema on clinical exam | Yes | No |
| Persistent BP > 160 mm Hg systolic or > 105-110 mm Hg despite medical management | Yes | No |
| Oliguria (< 500 ml/24 hours) | Yes | No |
| Evidence of renal failure (serum Creatinine > 1.2 mg/dL) | Yes | No |
| Thrombocytopenia (platelet count < 100,000/mm ³) | Yes | No |
| Elevated ALT > 70 U/L | Yes | No |
| Evidence of hemolysis (LDH > 600, bilirubin > 1.2 mg/dL or abnormal peripheral blood smear) | Yes | No |
| Abnormal coagulation (elevated PT/PTT or fibrinogen < 300) | Yes | No |
| Abnormal Fetal NST and/or BPP | Yes | No |
| | Yes To ANY of above CONSIDER DELIVERY | No To ALL of above CONTINUE PREGNANCY |

If laboratory values were normal at admission and remain normal for two consecutive days and blood pressure is stable (i.e. not requiring additional medication) then every other to every third day laboratory monitoring may be used.

Hemolysis, Elevated Liver Enzymes, Low Platelets (HELLP) Syndrome

HELLP syndrome is a variant of severe preeclampsia characterized by red blood hemolysis, thrombocytopenia, and abnormal elevations in liver transaminases.¹⁴ The diagnostic criteria are listed in Table 3 below. Three classes of HELLP are characterized by severity of laboratory abnormalities and risk for significant adverse perinatal outcome based on the patient's platelet count.¹⁵ The most severe manifestation (Class I) has platelet counts $\leq 50,000$ cells/ μ L; Class II has platelet counts of $> 50,000$ and $\leq 100,000$ cells/ μ L, and in Class III, there is mild thrombocytopenia with a platelet nadir between $> 100,000$ and $\leq 150,000$ cells/ μ L. The severity of maternal, fetal and neonatal morbidity is correlated with the severity of the disease.¹⁵ Approximately 10-15% of patients with classic HELLP syndrome will not have elevated blood pressures (BP $\geq 140/90$ mm Hg)¹⁶ and like other forms of severe preeclampsia, proteinuria is absent in 15-25% of patients.¹⁵ The presence of subjective symptoms is seen in 64-84% of patients with Class III and Class I HELLP respectively.¹⁵ Thus, the presence of proteinuria or elevated blood pressure is not essential for the diagnosis of HELLP syndrome and in those patients without classic features, the presence of subjective symptoms (i.e. headache, epigastric pain, nausea and vomiting, or visual disturbances) should prompt further evaluation to rule out progression of disease requiring delivery.