

HELLP Handout

HELLP is a complication of pregnancy that occurs in 5 - 8% of all pregnancies and is often misdiagnosed. It can pose serious threats to mother and baby. Acute conditions usually appear between 27 and 40 weeks gestation or in the immediate postpartum and is very rapid.

Complete HELLP has all three of the components that make up the name:

H - Haemolysis

EL - Elevated Liver enzymes

LP - Low Platelet count

Partial HELLP only has one or two of the components.

HELLP is often considered a variation of preeclampsia or eclampsia, and is diagnosed in 10 - 20% of those pregnancies, however, hypertension and/or proteinuria are not always present or indicative of women diagnosed with HELLP.

HELLP should be recognized as a unique, serious condition that can often be misdiagnosed or masked as one or more of the following :

Cholecystitis

Hepatitis

Acute Fatty Liver of Pregnancy (AFLP)

Previously undiagnosed lupus

Acute renal failure

Undetected/undiagnosed or neglected
HELLP

Some complications of HELLP include:

- MicroAngiopathic Hemolytic Anemia (MAHA)
- Abruptio placenta
- DIC
- Acute Renal failure
- Severe ascites
- Cerebral edema
- Pulmonary edema
- Wound infection
- Liver complications
- Hepatic infarction, recurrent thrombosis
- Retinal detachment
- Cerebral infarction
- Cerebral hemorrhage
- Maternal death
- Fetal death, IUGR, premature birth, neonatal thrombocytopenia, RDS

Symptoms Include:

VISION PROBLEMS
SEVERE HEADACHES
SEIZURE
NECK PAIN
SHOULDER PAIN
CHEST TENDERNESS
HIGH BLOOD PRESSURE
VOMITING
NAUSEA
PROTEIN IN URINE
BLEEDING
FATIGUE
SWELLING
ABDOMINAL PAIN (RIGHT SIDE)



HELLP is not completely understood and is not always linked to preeclampsia, however HELLP is associated with significant maternal and perinatal morbidity and mortality (Mortality about 4%, Curtin, Weinstein. 1999)

Close monitoring of mothers blood pressure and urine, (as well as the baby's growth and development) steroid/medication and/or serial testing are recommended upon diagnosis.

While there is no known way to prevent HELLP, there are some things you can do to promote positive health outcomes:

- Listen to your body - you know better than anyone when something doesn't feel familiar.
- Keep regular prenatal appointments and an open dialogue with you midwife. Calls and messages in between visits may also be necessary if signs or symptoms arise suddenly.
- Inform your midwife of any family history involving HELLP, hypertension, preeclampsia or any other hypertensive disorders.
- Exercise - there are many ways to get a little bit of activity and exercise everyday. You can discuss some options with you midwife, or ask some of your friends and family that have exercised during pregnancy. Learn the warning signs and what to look for and do if you are suspected to have HELLP.

If your baby weighs at least 2 pounds at birth, s/he could have the same rate of survival as a non-HELLP born baby of the same size.

The range of medical problems babies under 2 pounds at birth is very wide and includes lengthy hospital stays, higher chance for the use of a ventilator and no prediction for future health issues.

Placental complications are largely attributed to the mortalities of HELLP.

Birth is the best way to alleviate symptoms and effects of HELLP. If it appears early in pregnancy and presents issues, bed rest and medications for both mother and baby, fetal monitoring and possibly blood transfusions may be needed.

About 31 percent of patients with HELLP are diagnosed in postpartum, usually within the first 48 hours after birth. Some symptoms may not transpire for up to 7 days postpartum. (Padden, 1999)

Induction or cesarean birth may be necessary with a physician in a hospital or clinic setting.

References:

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