

HELLP

Symptoms and information



HELLP stands for Hemolysis (red blood cell destruction), Elevated Liver enzymes, and Low Platelet count. HELLP is a life-threatening and fast-acting disease of pregnancy and/or postpartum. It is considered to be linked to preeclampsia by some medical researchers. However, it can happen even without high blood pressure or protein in your urine. To complicate the matter further, this sneaky disease is often misdiagnosed as flu, acute liver disease, gall bladder disease or gastroenteritis. It is important to share any symptoms with your midwife quickly, so you can receive treatment in a timely manner.

Risk Factors for HELLP:

- First baby
- African American or Asian
- History of preeclampsia or HELLP
- Obesity
- Age: < 18 or > 35 years old
- Diabetes mellitus
- Essential hypertension
- Vascular diseases
- Sickle cell disease
- Antiphospholipid disease
- Thrombophilias

Symptoms you can watch for:

- Pain in upper right abdomen
- Chest pain
- Shoulder/neck pain
- Headache
- Nausea and vomiting
- Malaise
- Fetal activity
- Changes in vision
- Significant fatigue or unwell feeling

Facts:

- Of the 5-8% of pregnant people that develop preeclampsia, 15% of those will develop HELLP.
- 30% of HELLP cases develop in the postpartum period
- Immediate treatment may help you avoid devastating outcomes such as liver rupture, stroke and death.
- Right now, there is no way to prevent HELLP.

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From Preeclampsia .org

Risks to the Mother and Baby

Mother:

- Risks during pregnancy:
 - Abruptio placentae
 - Disseminated intravascular coagulation
 - Eclampsia
 - Acute renal failure
 - Hepatic rupture
- Postpartum risks are significant:
 - Hepatic rupture
 - Renal failure
 - Pulmonary edema
 - Ascites
 - Pleural effusion
 - Postpartum Hemorrhage
 - Disseminated intravascular coagulation



Baby:

- Prematurity
- Higher chance of stillbirth

Most cases are diagnosed between 28-36 weeks of pregnancy, and some in the postpartum period (about 30%); usually within 48 hours after birth.

Therapy:

The only way to stop the effects of HELLP is to deliver your baby. This means that you would transfer to the care of an obstetrician and deliver your baby in the hospital. Delivery is likely by rapid induction (especially with low platelet count) or by cesarean. Lab tests may be performed to check your levels of platelets, liver enzymes, and other indicators. You may require a blood transfusion and you may receive steroids to help your baby's lungs mature enough for delivery. Magnesium sulfate may be given to you to prevent seizures, and hypertension medication may be necessary. A NICU stay for your baby is also likely, especially if your baby is premature.

It is important to remember that your safety and your baby's is our top priority. HELLP can be a traumatic and scary journey. We will remain with you throughout your journey to birth as your support staff. You are not alone! We will continue your postpartum care after delivery, as well.

Resources:

Preeclampsia.org:

<http://www.preeclampsia.org/health-information/hellp-syndrome>

Reference:

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- Tharpe, N., Farley, C., & Jordan, R. (2013). *Clinical practice guidelines for midwifery & women's health* (Fourth ed.). Burlington, MA: Jones and Bartlett.
- Preeclampsia. (n.d.). Retrieved March 25, 2016, from <http://www.preeclampsia.org/health-information/hellp-syndrome>