12. DENGUE FEVER IN PREGNANCY

There are very few studies addressing the management of dengue in pregnancy. Generally the presentation and clinical course of dengue in pregnant women is similar to that in non-pregnant individuals. [137, 138]

However, the signs and symptoms may be confused with other complications of pregnancy such as toxemia, Hemolysis, Elevated Liver Enzymes, Low Platelets (HELLP) syndrome.[91] There are some reports of an increased incidence of prematurity, in-utero death and abruptio placenta in these women.[138, 139] The following physiological changes in pregnancy may make the diagnosis and assessment of plasma leakage challenging:

- Elevation of HCT in dengue is masked by hemodilution due to increase in plasma volume especially in the 2nd and 3rd trimester. Serial HCT measurement is crucial for disease monitoring in pregnancy.
- The detection of third space fluid accumulation is difficult due to the presence of gravid uterus.
- Baseline blood pressure is often lower and pulse pressure wider
- Baseline heart rate may be higher

Management of infected pregnant patients close to delivery:

Risk of bleeding is at its highest during the period of plasma leakage (critical phase). If possible, avoid Lower Segment Caesarean Section (LSCS) or induction of labor during critical phase (plasma leakage).[91] Procedures/maneuvers that may provoke or augment labor should be avoided during this critical phase.

Care for the mother should be provided in a multidisciplinary way in an area of the hospital where there are trained personnel available to handle labor and its complications.

The baby should be observed for vertical transmission of dengue after delivery.[91]

Recommendation

All pregnant women with suspected dengue infection must be admitted.