

Successful induction of labour in a patient with antepartum eclampsia: a case report and literature review

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Background. Eclampsia leads to significant risks during pregnancy, necessitating prompt management. Conventionally, caesarean delivery is often considered the preferred option. However, this case report presents an alternative approach by successfully inducing labour in a 22-year-old nulliparous woman with antepartum eclampsia.

Case presentation. Admitted at 37 weeks with seizures and elevated blood pressure, the patient stabilized with magnesium sulphate and antihypertensive therapy. Despite unfavourable Bishop scores, labour was induced using prostaglandins, culminating in a vaginal delivery after 26 hours. Both maternal and neonatal outcomes were favourable.

Results. The case challenges the routine reliance on caesarean delivery for eclampsia, emphasizing the importance

of individualized care. It reviews conflicting recommendations on delivery modes, underlining factors such as gestational age and maternal stability as crucial in decision-making.

Conclusions. This case suggests that, under careful monitoring and maternal stabilization, induction of labour can be a viable option for achieving vaginal delivery in eclamptic patients with unfavourable Bishop scores. The study underscores the necessity of personalized approaches and further research to delineate the optimal mode of delivery in eclampsia cases. The use of magnesium sulphate, antihypertensive medications, and vigilant obstetric interventions remain essential for ensuring optimal maternal and foetal outcomes.