

HELLP Syndrome.

It's very likely you've heard about pre-eclampsia and what to watch out for during pregnancy. However, you might not know much about HELLP syndrome during pregnancy.

HELLP syndrome is a rare but life-threatening condition that affects the liver, blood clotting, and blood pressure. It usually occurs in the last trimester of pregnancy but can also happen immediately after birth. The exact cause of HELLP syndrome is largely unknown but some experts believe it's a very severe form of pre-eclampsia.

Around 10–20% of women who develop pre-eclampsia will also develop HELLP syndrome.

In 1982, Dr. Louis Weinstein named the condition HELLP syndrome, using the first letters from the 3 main features of the disease:

- **Hemolysis: (H)** This is the processing by which your body breaks down old or faulty red blood cells in your spleen. For those with HELLP syndrome, however, the breakdown of red blood cells happens too soon and is too rapid. This means there are fewer red blood cells available to carry oxygen around the body and to the baby, via the placenta, and this leads to anemia.
- **Elevated Liver Enzymes: (EL)** When you have high levels of liver enzymes present in your bloodstream, this indicates your liver isn't working as well as it should. Inflamed or damaged liver cells leak high amounts of these enzymes into your blood.
- **Low Platelet Count: (LP)** Platelets are responsible for blood clotting, which prevents excessive bleeding if you have an injury. A low platelet count increases the risk of bleeding disorders, which are dangerous during pregnancy.

When might HELLP syndrome occur?

It's important to remember HELLP syndrome is a rare disorder and affects less than 1% of pregnancies.

You're more likely to be at risk for the syndrome if:

- You've experienced HELLP syndrome in a previous pregnancy
- You've experienced pre-eclampsia or eclampsia in a previous pregnancy or in the current pregnancy
- You are Caucasian
- You're over the age of 25

The signs and symptoms of HELLP syndrome are very similar to the signs and symptoms of pre-eclampsia. They can also be confused with other normal conditions of pregnancy, such as indigestion or heartburn, or tummy bug. The symptoms might seem quite normal for pregnancy, but it's important to look at how many of the symptoms you have, and how severe they are, if you have any concerns chat with your LMC or healthcare provider sooner, rather than later.

The symptoms of HELLP syndrome can vary, depending on the person, but the most common ones are:

- Feeling unwell and tired
- Pain in the stomach, particularly in the upper area of the abdomen
- Nausea
- Vomiting
- Headache



Other, less common symptoms are:

- Sudden and excessive weight gain
- Swelling, especially around the face and hands
- Changes to vision, including blurriness or loss of vision
- Severe headaches
- Shoulder pain (pain in the right shoulder associated with liver problems)
- Pain on breathing deeply (also linked to liver problems)
- Bleeding, such as nose bleeds, that doesn't stop as quickly as normal
- High Blood pressure

What does HELLP pain feel like?

Pain associated with HELLP is often called 'epigastric pain'. It occurs under your ribs on the right or is pain referred up into your right shoulder.

The pain under your ribs might be confused with indigestion, heartburn or gall bladder pain. But, it's more likely to feel sharp and specific, though, and the shoulder pain will feel like you're being pinched. It might be painful to lie on your right side. If you have pain under your ribs or shoulder on the right side, seek immediate medical attention as this is potentially a sign of liver problems.

What are the possible complications?

Complications may include:

- Poor blood flow to your organs
- Seizures
- Anemia
- Blood clotting problems
- Placenta problems
- Liver problems
- Fluid buildup in your lungs
- Early delivery

Usual treatment pathway:

Treatment for HELLP depends on how many weeks pregnant you are and the severity of the condition. The birth of the baby is the best way to prevent the condition from becoming worse and stop further complications.

However, if your symptoms are mild, or if you're less than 34 weeks pregnant, your LMC and healthcare provider might recommend:

- Corticosteroid medication, to prepare your baby's lungs in case preterm birth is needed
- Blood transfusions, to treat low platelet levels and anemia
- Treatment to prevent seizures
- Medication to control blood pressure

While you are having treatment, there will be ongoing monitoring of your red blood cells, platelets, and liver enzyme levels. Your baby will also be closely monitored, to ensure they are coping and developing. This means you'll most likely stay in hospital, as most of the monitoring will happen every day.

If your care provider decides your condition is becoming more severe and you need to give birth, you will have a plan for the best course of action.

The methods of induction of labour will depend on what gestation you are and the severity of your symptoms. Monitoring will continue throughout your labour.

If your baby is preterm, they will be cared for in a neonatal intensive care unit or special care nursery, depending on how early they are and whether the condition has affected them.



Can HELLP syndrome be prevented?

Unfortunately, there's currently no way to prevent this illness. The best thing you can do is to be at your healthiest before and during pregnancy and to watch out for early signs of the condition.

These are ways you can be proactive:

- Be at your healthiest before getting pregnant
- Have a healthy diet and exercise during pregnancy
- See your LMC and/or health care provider regularly during your pregnancy
- Be familiar with the warning signs of HELLP and pre-eclampsia, and contact your LMC and/or healthcare provider immediately if you experience them
- Trust your instincts; if things don't feel right, follow it up now

Am I likely to get HELLP Syndrome for future pregnancies?

Women who have a history of HELLP syndrome are more at risk for it recurring in future pregnancies.

The rate of preeclampsia in subsequent pregnancies ranges from 16 to 52%. The good news is the condition is likely to be less severe if you have it again, and there is a reduced risk of complications.

It also means you are more able to prepare for and recognize the recurrence.

