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**THE PATTERN OF SICKLE CELL DISEASE IN PREGNANCY IN LAGOS,**

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**Introduction.**Sickle cell disease is the most common inherited disorder worldwide with varying clinical severity and potentially serious complications. Pregnancy in sickle cell disease is at very high risk. Many reports have documented a considerable maternal risk of morbidity and mortality and high perinatal adverse outcomes. Women with SCD have an increased risk of preeclampsia and maternal death, stillbirths, preterm deliveries, and small-for-gestational-age newborn. In Nigeria, about 45,000-90,000 infants with SCD are born annually compared to only 1000 infants born in the USA.

**Materials and methods.**This was a retrospective descriptive study of medical case files of all booked pregnant mothers who attended the antenatal clinic of the University of Port Harcourt Teaching Hospital, Nigeria from June 2016 to september 2016. The parameters extracted from the folders included: The following information was recorded for each woman: age, gravidity (number of pregnancies), and parity (number of birth with a gestational age of 24 weeks or more). Obstetric outcomes measured were gestational age at delivery, mode of delivery, preterm delivery (defined as a delivery < 37 weeks), premature rupture of membrane (PROM), antepartum hemorrhage (APH), gestational diabetes, intrauterine growth restriction (IUGR), cephalopelvic disproportion (CPD), pregnancy-induced hypertension (PIH), placenta previa, intrauterine fetal death (IUFD), intrapartum stillbirth, preeclampsia, and eclampsia.

**Results of research.** Out of 112 women, 57 (50.89%) had sickle cell disease and 55 (40.10%) had sickle cell trait. The mean gravidity and parity in the latter group (5.05±3.51 and 3.2±2.74 respectively) was more than double in the former group (2.89±1.36 and 1.66±0.96 respectively). There were significant differences in antenatal complications. In the disease group, anaemia was in 55 (96.5%) cases compared to 35 (63.6%) in the trait group. Significant number of women in the first group (n=41; 71.9%) experienced painful crisis in pregnancy compared to 4 (7.27 %) in the second group. Mean haemoglobin in the disease group was 8.35g/dl, while it was 9.96 g/dl in the other (p <0.01). The requirement of blood transfusion was higher in the former, 28 (38.6%) than in the latter 3 (5.54%). Frequency of pre-term delivery was only slightly higher in the disease group, 14 (28.57%) than in the trait women, 13(23.63%). The mean birth weight of babies of women with the disease and the trait was 2380 and 2480 grams.

**Conclusions.** There is a high prevalence of SCD among pregnant women in this region. Late antenatal booking, anemia, and poor education are the predictive markers of poor pregnancy outcome in this region. We believe that the findings would be useful for designing interventions to reduce the obstetric burden of sickle cell disease.