

What you need to know about neurological conditions in pregnancy

Moses M. Obimbo

Editor-in-Chief, JOGECA

During pregnancy, several physiological changes in the mother, acting mainly through the vascular endothelial dysfunction, do occur that put them at high risk of several neurological conditions such as eclampsia, preeclampsia, stroke, posterior reversible encephalopathy, and headaches (1). Some preexisting neurological conditions such as intracranial neoplasms worsen during pregnancy, but others such as multiple sclerosis often improve during pregnancy (2). Other conditions such as cerebral venous thrombosis, viral hepatitis E, and falciparum malaria occur in pregnant women more frequently than in the general population. Some neurological conditions may result from clear-cut abnormalities, whereas others may be functional, resulting in pain, fatigue, or altered mentation (3).

Neurological conditions in pregnancy are broadly classified into two: neurological syndromes such as coma, seizures, and paralysis and neurological disorders such as epilepsy, intracranial neoplasms, eclampsia, intracranial hemorrhage, cerebral malaria, myasthenia gravis, multiple sclerosis, hypoglycemia, and cerebral venous thrombosis amongst others (4). The usual concerns during the management of these conditions include their effect on the health of the fetus and the mother, safety of diagnostic tools and medication to be used. Sometimes there is also a challenge in deciding the right timing for delivery to ensure a good prognosis for both the mother and the fetus (5). It is important to note that mothers with

preexisting neurological conditions or those that develop symptoms in the index pregnancy rely on good prenatal care to reduce the risks associated with the neurological conditions. These conditions usually present both diagnostic and therapeutic dilemmas to clinicians unfamiliar with their pathophysiology and management in the framework of pregnancy. Therefore, adequate multidisciplinary collaboration between the obstetrician, neurologist, neonatologist, and anesthetist are paramount to optimal obstetric and neonatal outcomes.

References

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