

HELLP Syndrome (Hemolysis, Elevated Liver enzymes, Low Platelets) FAQ Sheet **

- HELLP syndrome is a variant of severe preeclampsia characterized by hemolysis, thrombocytopenia, and abnormal elevations in liver transaminases.

- **Classes of HELLP Syndrome**

Class	Description
I	Platelet counts < 50,000 cells/ μ L
II	Platelet counts > 50,000 and < 100,000 cells/ μ L
III	Mid thrombocytopenia Platelet nadir between > 100,000 and < 150,000 cells/ μ L

- The majority of patients with HELLP syndrome will have \uparrow BPs spanning the range from mild to severe. The combination of severely \uparrow BPs with thrombocytopenia and abnormal coagulation parameters place the patient at increase risk for cerebral vascular accidents of other hemorrhagic complications. The frequency of seizures/ Eclampsia ranges from 5-12% in severe preeclampsia and HELLP syndrome of any degree (Class I, II, and III.)
- Approx. 10-15% of patients with classic HELLP syndrome will not have \uparrow BPs and like other forms of severe preeclampsia, proteinuria is absent in 15-25% of patients. Thus, the presence of proteinuria or \uparrow BP is not essential for the diagnosis of HELLP syndrome and in those patients without classic features, the presence of subjective symptoms (e.g., headache, epigastric pain, nausea and vomiting, or visual disturbances) should prompt further evaluation to rule out progression of disease requiring delivery.
- The risk of maternal death in pregnancies complicated by HELLP syndrome has been estimated at 1% with the risk of other severe morbidities also being high, including DIC, pulmonary edema, acute renal failure, adult RDS, and stroke.
- **Diagnostic Criteria for HELLP Syndrome**

Hemolysis	Elevated LDH (> 600 IU/L; Microangiopathic hemolytic anemia on peripheral blood smear, low haptoglobin (<25 mg/dL), elevated indirect bilirubin
Thrombocytopenia	Platelet count \leq 100,000 cells/ μ L
Elevated Transaminases	Serum AST \geq 70 IU/L or twice baseline values

Most expert opinions state that delaying delivery is not recommended in the presence of the following:

- 1) Eclampsia
- 2) HELLP Syndrome
- 3) Pulmonary edema and/or hypoxia (O₂ saturation < 95%)
- 4) Severe thrombocytopenia
- 5) Coagulopathy

Determining the route of delivery should take into consideration the likelihood of success based on cervical status, gestational age, fetal status, and the severity of the disease. For women with HELLP syndrome from the gestational age of fetal viability to 33 6/7 weeks gestation, it is suggested that delivery be delayed for 24-48 hours if maternal and fetal condition remains stable to complete a course of corticosteroids for fetal benefit.

** Adapted from the CMQCC Preeclampsia Care Guidelines and Toolkit for the SC BOI – July 2016