A rural tertiary teaching hospital based study of Hypertensive disorders of pregnancy and perinatal outcome

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Hypertension is one of the most common pregnancy problems affecting about 10% of all pregnancies worldwide and is an important cause of perinatal and maternal morbidity and mortality affecting women's health. We did a retrospective control test to assess the prevalence of hypertensive disorders in pregnancy and to assess the outcome before delivery at our medical college and hospital between July 2015 and June 2017. For all cases, demographics of women and adverse pregnancy outcomes such as IUGR, oligohydromannios disorder, PPH, DIC, HELLP syndrome, preterm birth and neonatal data such as sex, birth weight, NICU admission, APGAR score were compared and recorded with the control group with pressure Normal blood with no associated medical complications. The prevalence of PIH in our study was 20%, which corresponds to the incidence of preeclampsia observed in the study by G.B.Doddamani was about 10%. Complications were found to be higher in PIH compared to normal ANC patients. Most of the half reported by LSCS (56.1%) was found to be statistically significant (p = 0.000) compared to reviews (37.9%). Labor was induced in 60.8% of cases, of which 60.3% were required for LSCS emergency due to fetal distress. Based on our results being younger and different, the incidence is greater with greater complications. Neonates require more NICU treatment as a result of preterm LBW, birth and IUGR. It can be concluded from our study that the most common complications found were PPH, HELLP syndrome, fetus and LSCS, were preterm birth, abortion, LBW, IUD, sepsis, LBW etc. The unpleasant effect of hypertension in pregnancy justifies the need for routine prenatal care, detection and early treatment of hypertension at younger ages of pregnancy and postpartum follow-up.

Introduction:

Worldwide 10% of all pregnancies are complicated by hypertension, with eclampsia and pre-eclampsia being the major causes of prenatal maternal morbidity and mortality. It is also estimated that and PIH (pregnancy-induced hypertension), one of the most prevalent hypertension disorders, affects about 5-8% of all pregnant women worldwide. PIH is defined as $BP \ge 140/90$ mm Hg, taken after rest on two occasions or $\geq 160 / 110 \text{ mm}$ Hg on one occasion in a woman who was previously normotensive. Pre-eclampsia affects 5-7% of all pregnancies. It is generally defined by proteinuria and hypertension. Eclampsia includes pre-eclampsia in the presence of convulsions that cannot be attributed to another neurological disease. PIH is a major pregnancy complication related to preterm birth, intrauterine growth retardation (IUGR), intrauterine death and abrupt abortion, as well as maternal mortality and morbidity. It is estimated that 9.1% of deaths in African mothers are due to hypertension. In Zimbabwe, the newborn causes below five mortality, including birth asphyxia, premature birth complications and neonatal sepsis, contributing to 29% of deaths. 39% of neonatal mortality is caused by early birth complications. The 2007 birth and death mortality study in Zimbabwe found that PIH was among the top five causes of maternal mortality and the third reason for its high birth rate. In India, the incidence of preeclampsia as recorded from hospital statistics varies greatly between 5-15%

Materials and Methodology:

A study for a retrospective case study conducted at the Medical Sciences Institute, a tertiary teaching hospital located approximately 40 km from Hyderabad city. All women's medical records obtained during the two years from July 2015 to June 2017. The women with normal BP were taken for control. For all demographic data of the women and adverse pregnancy outcomes like IUGR, Oligo-Hydromanius, disorder, HELLP syndrome, PPH, DIC etc. and neonatal data like gender, wt., APGAR score, complications like RDS, NICU message, neonatal deaths etc. = 4pq / l2, according to the National Health Portal of India 15, the prevalence of PIH in India is 10%, so the sample size is thought to be 900 given a 20% error allowed. The 900 patients out of a total of 3923 patients were randomly selected and tested for blood pressure according to criteria "pregnant women who read an average systolic blood pressure (SBP) greater than / equal to 140 mm Hg and / or diastolic blood pressure (DBP). More than / equal to 90 mm Mg is considered to be hypertensive (DBP \geq 90 mmHg and / or SBP \geq 140 mmHg) "In three or more readings on another day were considered PIH patients. All patient details were listed as health status, age, Mother and fetal outcomes, baby. The statistical analysis was done by the SPSS 19 version of the software. This study design included patient data from the beginning of the PIH to the end of treatment which is up to birth and early neonatal follow-up. The exclusion criteria were women delivered 24 weeks before pregnancy, incomplete data, or women diagnosed with PIH but left against medical advice (LAMA) during the treatment period. Obtain institutional ethics committee approval. Because the study is retrospective according to design, no patient written consent was required.

Discussion:

Hypertension is one of the most common medical disorders during pregnancy and continues to be a major cause of maternal morbidity and mortality. In emerging countries, they are ranked second only to anemia when about 7-10% of all pregnancies are complicated by some hypertensive disorder. In India, the prevalence of preeclampsia as recorded from hospital statistics varies widely between 5-15%. In our study, the occurrence of PIH was 20%, this was in compliance with the incidence of preeclampsia observed in the study by G. B. Doddamani was about 10%. Complications found to be significantly higher in PIH patients compared to normal ANC patients, this was similar to G. B. Doddamani et al. Fetal complications were found to be significantly higher in PIH patients compared to normal ANC patients. The complications of Neonate were found to be significantly higher in PIH patients compared to normal ANC patients, this was similar to GB Doddamani and et al. Pregnancy mortality is due to fat and low birth defects. Sibaiand Bartonelso reported that preeclampsia was associated with high mortality and morbidity. The association of low birth weight was particularly evident with severe preeclampsia compared with mild preeclampsia. Admission to the NICU and length of stay was higher in the study group. Analogous results were observed in other studies.

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Extended Abstract

Conclusion:

It can be concluded from our study that the most common maternal complications found were PPH, HELLP syndrome, cesarean section, APH and the common embryo complications were LBW, prenatal, abortion, and respiratory distress syndrome, IUD, intrauterine bleeding and sepsis.

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