



A STUDY OF INCIDENCE, COMPLICATIONS, MATERNAL AND FETAL OUTCOME IN HYPERTENSIVE DISORDERS COMPLICATING PREGNANCY ADMITTED THROUGH EMERGENCY LABOUR ROOM.

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ABSTRACT

Aim: To determine incidence rate, complications, maternal and fetal outcome associated with hypertension in pregnancy in government general hospital, Kurnool.

Material And Methods: A prospective observational study was conducted in emergency labour room in department of obstetrics and gynaecology at general government hospital, Kurnool from March 2019 to May 2019.

Results: The incidence rate of hypertensive disorders in pregnancy is 9.2% among antenatal women. A total of 110 antenatal women were diagnosed as having hypertension in pregnancy and were included in this study. out of these 63 were primigravida and 47 were multigravida. . Most common maternal complication is found to be preterm delivery followed by abruption. Most common neonatal complications include low APGAR and low birth weight. Preeclampsia is the most common hypertensive disorder observed.

Conclusion: In this study preeclampsia is the most common of all pregnancy related hypertension on disorders followed by gestational hypertension. Fetal complications like low APGAR , preterm deliveries were statistically significant and associated with fetal management and outcome.

KEYWORDS : Gestational hypertension, preeclampsia, eclampsia.

INTRODUCTION:

Hypertension in pregnancy continues to be public health concern in both developed and developing countries. Hypertensive disorder is the 2nd most common disorder seen during pregnancy. They along with hemorrhage and infection, contribute greatly to maternal morbidity and mortality. With efficient antenatal care and early treatment of maternal hypertensive disorder the serious forms i.e eclampsia has become almost a clinical rarity in developed countries. However in developing country like ours and in the rural population, it still continues to be a major obstetric problem. Most deaths in hypertensive disorders in pregnancy occur due to its complications and not due to hypertension per se. Thus we can reduce the maternal mortality by prevention and proper management of these complications. Hence the present study was conducted to find out the incidence rate , high risk factor and the maternal and perinatal outcome associated with hypertensive disorder.

AIMS AND OBJECTIVES:

1. To determine the incidence of hypertensive disorders in pregnancy.
2. To study the risk factors , complications associated with hypertensive disorders in pregnancy.
3. To study the maternal and fetal outcome associated with hypertensive disorders in pregnancy.

MATERIALS AND METHODS:

This prospective study was carried out in emergency labour room in department of obstetrics and gynaecology at government general hospital , Kurnool from March 2019 to May 2019.

Inclusion Criteria:

1. All antenatal women with hypertension admitted to emergency labour room.
2. all antenatal women with eclampsia.

Exclusion Criteria:

1. Antenatal women who were diagnosed with other causes of convulsions in pregnancy
2. All normotensive antenatal women.

Antenatal mother with high BP recordings admitted to emergency labour room were observed. All relevant obstetric information like socio-demographic variables, obstetric history, signs and symptoms at presentation, any associated comorbidities, any medication used, family history, laboratory reports were noted.

A suitable predesigned pretested proforma for data collection was prepared. Maternal outcome in present pregnancy in form of mode or delivery- preterm of term, whether induced or spontaneous were studied. Neonatal outcome in the form of prematurity, perinatal mortality, Low birth weight, low APGAR were studied.

RESULTS:

The incidence rate of hypertensive disorders in pregnancy is 9.2 % among antenatal women admitted in emergency labour room. majority of mothers were in age range between 15 to 25 years(81%). A total of 110 antenatal women were diagnosed as having hypertension in pregnancy and were included in this study. out of these 63 were primigravida and 47 were multigravida.

Age Wise Distribution Mothers With Hypertension Complicating Pregnancy:

Age group	cases
15-20	39(35.4%)
21-25	50(45.4%)
26-30	16(14.5%)
31-35	3(2.7%)
>35	2(1.8%)

Distribution According To Gestational Age:

Preterm(<37wks)	34(31%)
Term(37-42 wks)	76(69%)

Onset of labour and intervention of mothers with hypertensive disorders of pregnancy:

		Types of hypertension(hypertensive disorder of pregnancy)				(1 died undelivered)	Chronis hypertension 2(1.8%)
		Gestational hypertension 20(18%)		Preeclampsia 73(66%)			
		Mild 17 (85%)	Severe 3 (15%)	Mild 28 (38.3%)	Severe 45 (61.64%)		
Onset of labour	spontaneous	8	1	12	7	1	0
	induced	7	1	12	30	13	2
Mode of delivery	Vaginal	13	2	21	31	10	1
	Caesarean section	4	0	7	14	4	1

Maternal Complications In Hypertensive Disorders Complicating Pregnancy:

Maternal complication	Number of cases
Preterm labour	34(31%)
Imminent eclampsia	9(8%)
Abruptio	6(5.45%)
Pulmonary edema	3(2.7%)
HELLP	2(1.8%)
PPH	1(0.9%)

AKI	1(0.9%)
Others	2(1.8%)

Neonatal Outcome:

Low APGAR	20(18.34%)
IUD	9(8.25%)
Still birth	2(1.83%)
Low birth weight	14(12.8%)
abortion	1(0.9%)

8 mothers were having history of hypertension in previous pregnancies. Anemia , hydramnios, thyroid disorders, gestational diabetes were found to be the associated comorbidities in these cases. Most common maternal complication is found to be preterm delivery followed by abruption. Most common neonatal complications include low APGAR and low birth weight babies. family history of hypertension is associated with 2 cases.5 mothers were died due to complications of hypertension in pregnancy.

DISCUSSION :

In present study the overall incidence of hypertension is 9.2% .Most of the cases were unbooked and did not received proper antenatal care before admission.

This study revealed that hypertension is more common in primigravida. The deliveries were more likely to be induced. Preeclampsia is the most common hypertensive disorder observed.

Hypertension is still a very common problem in rural population. The adverse maternal and perinatal outcome can be improved by early registration, health education of couple, regular antenatal checkups, early identification of hypertension and timely referral to tertiary care hospital, timely decision regarding mode of delivery and availability of specialist care during labour and after birth.