INTRODUCTION

Pregnancy induced hypertension is a pregnancy specific multisystem disorder characterised by development of oedema, hypertension and proteinuria after 20 weeks of gestation. It is known as Toxaemia or hypertensive disorder of pregnancy are important leading causes of maternal, foetal and neonatal morbidity and mortality worldwide. Gestational hypertension is also known as PIH is defined as new hypertension in a pregnant women after 20 weeks of gestation without the presence of protein in urine or other signs of Pre-eclampsia and blood pressure of 140mmHg systolic or diastolic pressure of 90mmHg measured 2 times with at least 6 hours interval. Though PIH more commonly occur during first pregnancy, it can also occur in subsequent pregnancies. There are various risk factors which are elderly primipara, family history of hypertension having diabetes, pre-existing hypertension, previous episodes of PIH etc. Pregnancies complicated with hypertension disorders are associated with increased risk of adverse, foetal, neonatal and maternal outcome including preterm birth, IUGR, perinatal death.[1] APH, PPH, maternal death. Most deaths in PIH occur due to its complications and not due to hypertension per se. We can reduce the maternal mortality by prevention and proper management of these complications. They along with hemorrhage and infection, contribute greatly to maternal morbidity and mortality.[2] PIH is a pregnancy specific multisystem disorder characterized by development of oedema, hypertension and proteinuria after 20 weeks of gestation.3 World Health Organization classified into mild and severe hypertensive disorder of pregnancy, according to clinical classification 7 PIH classified into MILD PIH (BP 140/90 to 159/109 mmHg) and severe PIH (BP 160/110 mmHg or higher).

In present study Hypertension in Pregnancy is defined as blood pressure ≥ 140/90 mmHg. When hypertension in pregnancy is accompanied by proteinuria, it is known as Pre-eclampsia. The diagnosis of pre-eclampsia in the absence of proteinuria is highly suggestive when hypertension is accompanied by headache, blurring of vision, abdominal pain or certain laboratory abnormalities particularly low platelet count and elevated liver enzymes either alone or in combinations.

In our study we classified women into mild and severe hypertensive disorder of pregnancy, according to clinical classification 7 PIH classified into Mild PIH (BP 140/90 to 159/109 mmHg) and severe PIH (BP 160/110 mmHg or higher).

RESULTS

A total of 82 pregnant women with PIH were participated in these study and we noted the following observations in our study. Table 1 shows that more than half of the women (~63%) belong to rural areas, who attended antenatal clinic. Table 2 shows that more than half of the women (64.63%) belong to the age group of 18-27 years while others (~35%) from the age group of 28-36 years. Table 3 shows that Epigastric Pain is the most common problem among pregnant women (more than half the women ~54% having the problem of Epigastric Pain), while Headache is secondary cause among pregnant women who attended antenatal clinic.

on the basis of systolic blood pressure, >1/4th population are diagnosed with prehypertension whereas on the basis of diastolic blood pressure, 25.97% of the study population are diagnosed with stage of prehypertension remaining are come under the normal category. 36.59% women are unaware about the cause of high BP whereas 31.71% women says that lack of exercise is measure cause of high BP. According to 62.20% women are agreed with that they are  

ABSTRACT

Introduction: Hypertensive disorders are common complication occurring during pregnancy are responsible for maternal and foetal morbidity and mortality. Though the conditions are on decline, still stands public health problem. Aims and objectives: To know the clinical presentation among PIH patients and to find out foetal outcome among patients with PIH. Methods: A cross section study was conducted over a period of one year in the department of Obstetrics and Gynaecology of tertiary care hospital facility at SKMCH, Muzaffarpur. A total of 82 pregnant women with PIH were enrolled in this study with inclusion and exclusion criteria. Results: Majority of PIH mothers belong to age group of 18-26 years (51.56%). PIH is more prevalent among nulliparous (57.81%). 53.12% PIH mothers delivered low birth weight babies, 7.81% are IUGR, 18.75% of babies were required NICU admissions. Conclusion: we noted that PIH is more prevalent in younger age group and nulliparous mothers. PIH lead to various clinical manifestations, some of these may be used as early recognition of PIH. PIH also leads to adverse foetal outcome.

KEYWORDS

Pregnancy induced hypertension, Blood pressure, Foetal out come
taking low salt diet while others are taking normal as well as high salt diet. Study shows that more than half of the women are doing regular exercise. shows that there is a vast gap between self-care knowledge and preventive practices among pregnant women. Less than 50% women are doing exercise during pregnancy while they all know that lack of exercise is a cause of high BP. Only 61.54% women are taking low salt diet among all women who agreed that high salt diet is major cause of high BP. while other are not doing any exercise.

### DISCUSSION

In our study majority of patients participated in study were Hindu (96.87%) and residing in Rural area (82.81%). The high prevalence of PIH was noted among 18-22 years of age group (51.56%) followed by 23-27 years of age group (28.12%) and 28-32 years of age group (17.18%). A study conducted by Parmar et al at NHL municipal college, Ahmadabad, Gujarat noted that PIH is more prevalent among pregnant mother aged less than 20 years of age (32.2%) and less than 20 years of age (12.2%).

### REFERENCES

9. Parmar MT, Solanki HM, Gosalia VV. Grant medical college and Sir J. J. Group of hospitals, Mumbai showed that out of 250 delivery among PIH mother 72 (28.8%) of newborn had birth weight less than 2 kg and 69 (27.61%) on new born required NICU admission.[12]

### CONCLUSIONS

Pregnancy-induced hypertension is a common medical disorder seen associated with pregnancy, and it leads more complication when it unregistered. Maternal and fetal morbidity and mortality can be reduced by early recognition and institutional management.