



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

MATERNAL MORBIDITY AND MORTALITY IN HYPERTENSIVE DISORDER COMPLICATING PREGNANCY

KEY WORDS:

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ABSTRACT

Introduction- hypertensive disorders complicating pregnancy is one of the extensively researched subjects in obstetrics. The pathology should be understood and involvement of multiorgan dysfunction should be taken into account **Objectives-** To analyse the cases of hypertensive disorder complicating pregnancy and its maternal outcome in patients admitted in government general hospital, Guntur. **Methods-** A total number of 250 cases of hypertensive disorder complicating pregnancy (gestational hypertension, preeclampsia, eclampsia) admitted to GGH, Guntur from august 2020-July 2021 Selection of cases- both booked and referred and all patients who were diagnosed hypertension complicating pregnancy. **Results-** Hypertensive cases complicating pregnancy accounted for 9.4% of deliveries. out of which gestational hypertension cases accounted for 3%, preeclampsia accounted for 5.7%, and eclampsia 0.7%. In this study, maximum cases were seen between age groups 20-30 in primigravida belonging to low socioeconomic strata. majority of patients detected to have high blood pressures at 32-36 weeks of gestation, and a mean gestational age of 35 weeks. haemolysis, elevated liver enzymes, low platelet count syndrome is the most common maternal complication and intrauterine growth restriction is the most common fetal complication. 22 cases followed by abruptio placentae, acute renal failure, postpartum haemorrhage and postpartum eclampsia. Maternal mortality occurred in 2 cases. **Conclusion-** Early use of antihypertensive drugs, optimum timing of delivery, strict fluid balance, and anticonvulsants in cases of eclampsia will help to achieve a successful outcome. Training and continuing medical education of attending staff and the structuring management protocols relevant to local needs are also an important part in the case of hypertension complicating pregnancy.

INTRODUCTION

- Hypertensive disorders complicating pregnancy are common and form one of the deadly triads, along with haemorrhage and infection resulting in maternal morbidity and mortality
- Hypertensive disorders in pregnancy are classified as;

Gestational hypertension
 Preeclampsia
 Eclampsia
 chronic hypertension
 chronic hypertension with superimposed preeclampsia

- Maternal complications include abruptio placenta, haemolysis, elevated liver enzymes and low platelet count [HELLP] syndrome, acute renal failure, PPH, DIC.
- Incidence ranges from 5-15%. 16% in primigravida, 7% in multigravida

AIMS AND OBJECTIVES

- To analyse the cases of hypertensive disorder complicating pregnancy and its maternal outcome in patients admitted to Guntur medical college

MATERIALS AND METHODS

- A total of 233 cases of hypertensive disorder complicating pregnancy admitted to GGH Guntur were taken
- All patients with gestational hypertension, preeclampsia, eclampsia were included and all chronic hypertensive cases were excluded

RESULTS

- In this study, 73.4% were in the age group of 20-30 years, mean age being 26 with a standard deviation of 4.6 years
- The maximum cases were primigravida-140 [60.08%]. Multigravida-39.2%. This can be compared to Mac Gillivray study which shows the primigravida has 15 times greater risk compared to multigravida for developing preeclampsia
- Majority of patients detected to have high bp at 32-36-wks

POG, mean being 35wks.

- Number of cases where systolic bp [SBP] > 160 mmHg were 107 [45.9%] and diastolic bp [DBP] > 110 mmHg were [18.9%]
- In the present study, 88.4% of patients belonged to below poverty line. according to mahji et al., the majority of cases [82%] belonged to low socio economic status, poor nutrition, and inadequate antenatal care have close relationship with preeclampsia and eclampsia.
- History of hypertension in previous pregnancy is observed in 15.5% of cases.
- >=3+ proteinuria were found in 62 cases [26.6%]
- The most common complication in this study was HELLP syndrome -21 cases, abruptio placenta in 10 cases, eclampsia 6 cases, DIC in 3 cases, and ARF in 6 cases, maternal death in 1 case.
- In this study, 137 cases [57.9%] of patients were induced for termination of pregnancy.
- Vaginal deliveries were 53.7%
- C-sec were 46.3%.
- Most common indication was foetal distress [9.4%], followed by failed induction [8.5%]. success rate was 66%.
- Gestational age at delivery is divided into 3 groups-59.7% patients delivered after 36 weeks and 30% between 32 and 36 wks and 10.3% before 32 wks.

CONCLUSION

- Hypertensive disorders complicating pregnancy is one of the extensively researched subjects in obstetrics. The pathology should be understood and involvement of multiorgan dysfunction should be taken into account.
- Early use of antihypertensive drugs, optimum timing of delivery and strict fluid balance, anticonvulsants in cases of eclampsia will help to achieve a successful outcome.
- Training and continuing medical education of the attending staff and the structuring management protocols relevant to local needs are also an important part in case of hypertension complicating pregnancy.

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