



## **A Study of Maternal & Fetal Outcome in Hypertensive Disorders of Pregnancy**

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**Abstract**

*This study is done to analyse the cases of hypertensive disorders & its maternal & fetal, morbidity and mortality in perinatal period.*

**Maternal outcome** in terms of Mortality, and complications in terms of Eclampsia, Pulmonary oedema, Pulmonary embolism, Acute renal failure, Acute left ventricular failure, Intra cerebral hemorrhage and HELLP.

**Fetal outcome** in terms of Intrauterine death/ still birth /early neonatal death Preterm delivery Intrauterine growth retardation NICU admission and Overall fetal outcome.

**Materials and Methods**

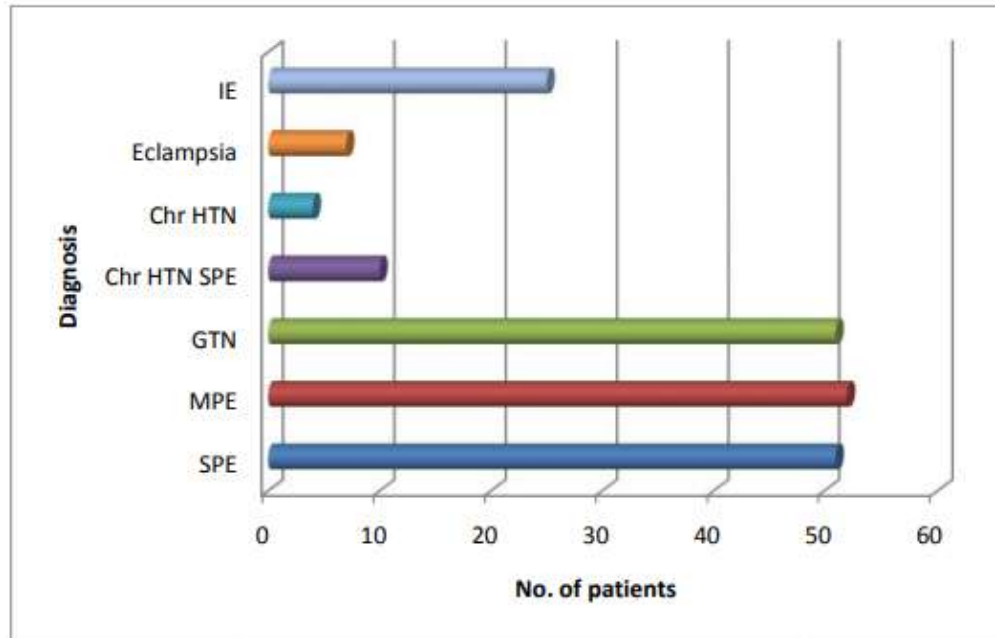
A Study on maternal and fetal outcome in hypertensive disorders was undertaken at J.S.S.Hospital. A total of 200 cases were studied from Jan 2011 to July 2012, belonging to gestational hypertension, pre-eclampsia (MPE & SPE), chronic hypertension & chronic hypertension with superimposed pre eclampsia were studied after obtaining clearance from ethical committee.

In this study totally 200 cases of hypertension in pregnancy, which accounted for 7.3% of the deliveries conducted.

- Pre-eclampsia cases were totally 103 in which severe were 52(1.89%) and mild were 51(1.86%).
- Gestational hypertension cases were 52 (1.89%)
- Chronic hypertension were 4 (0.15%)
- Chronic hypertension with superimposed pre eclampsia were 10(0.37%).
- Eclampsia were 7(0.26%)
- Imminent Eclampsia 24 (0.876%)



**GRAPH 1. SHOWING DIFFERENT TYPES OF HYPERTENSIVE DISORDERS**



**TABLE 2. SHOWING DIFFERENT TYPES OF HYPERTENSIVE DISORDERS**

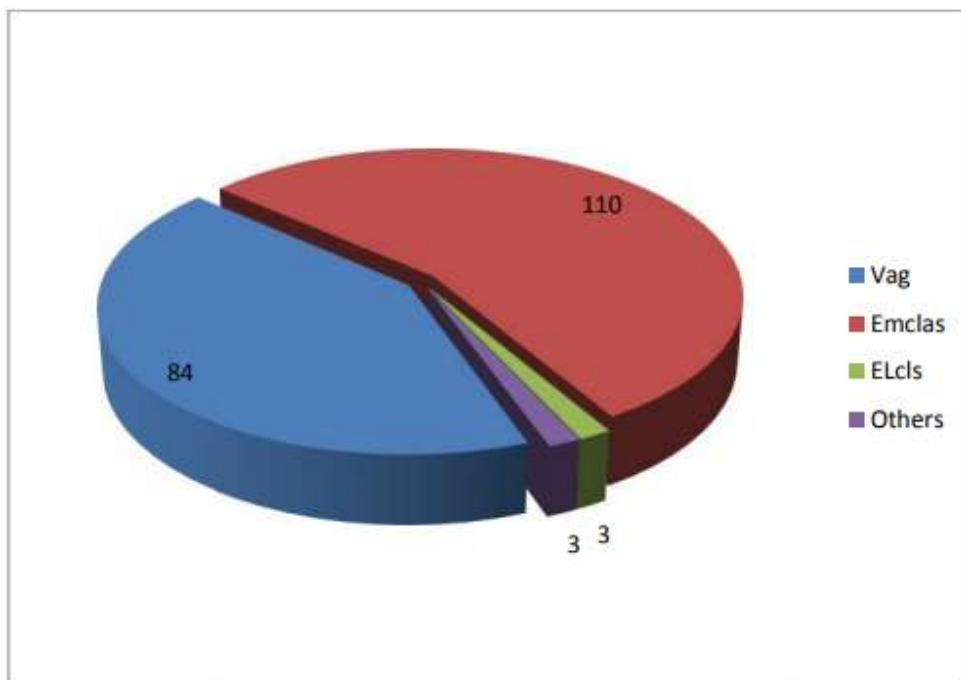
|   | NO. OF CASES | PERCENT |
|---|--------------|---------|
| Severe pre eclampsia                                | 52           | 26      |
| Mild pre eclampsia                                  | 51           | 25.5    |
| Gestational hypertension                            | 52           | 26      |
| Chronic hypertension                                | 4            | 2       |
| Chronic hypertension superimposed with preeclampsia | 10           | 5       |
| Eclampsia   | 7            | 3.5     |
| Imminent eclampsia                                  | 24           | 12      |

**TABLE 3. SHOWING AGE DISTRIBUTION**

|                  |              | <b>NO. OF CASES</b> | <b>Percent</b> |
|------------------|--------------|---------------------|----------------|
| <b>Age (yrs)</b> | <b>15-25</b> | 139                 | 69.5           |
|                  | <b>26-35</b> | 57                  | 28.5           |
|                  | <b>35+</b>   | 4                   | 2.0            |
|                  | <b>Total</b> | 200                 | 100.0          |

$[\chi^2 = 138.790; P < 0.000]$

**Mode of Delivery**



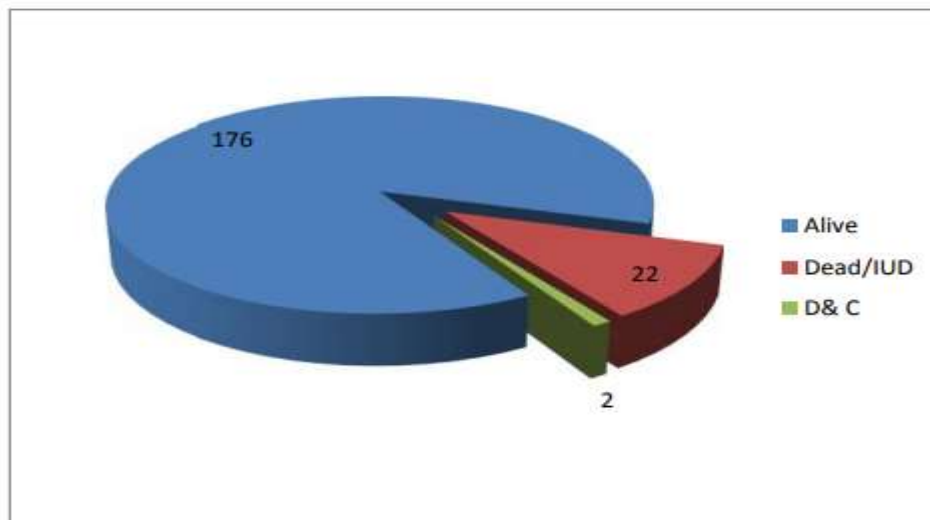
In this study emergency LSCS was mode of delivery for 110(55%) cases and vaginal delivery was seen in 84(42%) cases.

Table showing **FETAL OUTCOME**

|              |                 | Frequency | Percent |
|--------------|-----------------|-----------|---------|
| <b>Valid</b> | <b>Alive</b>    | 176       | 88.0    |
|              | <b>Dead/IUD</b> | 22        | 11.0    |
|              | <b>D&amp; C</b> | 2         | 1.0     |
|              | <b>Total</b>    | 200       | 100.0   |

$[\chi^2 = 271.960, p < 0.000]$

In this study alive babies were, i.e. 176(88%), while IUD were 22(11%).



In this study term fetus seen in 127(63.5%) cases while pre term fetus were 73(36.5%).

## Conclusion

According to RCOG 2011 – incidence of pre term birth is around 20-25%, similar to this study.

This clearly proves that severity of the disease is directly related to the maturity of the baby

The early use of antihypertensive drugs, optimum timing of delivery and strict fluid balance, anticonvulsants in case of severe preeclampsia and eclampsia will help to achieve successful outcome.

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