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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%

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GRAPH 1. SHOWING DIFFERENT TYPES OF HYPERTENSIVE DISORDERS

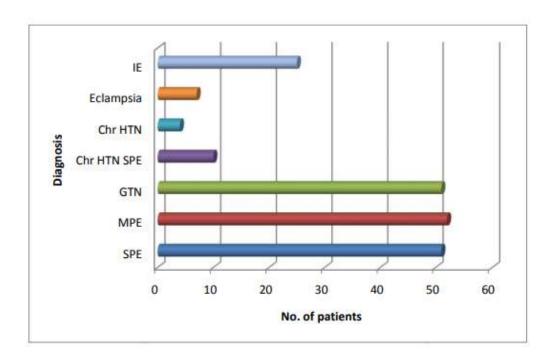


TABLE 2. SHOWING DIFFERENT TYPES OF HYPERTENSIVE DISORDERS

	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

Citation: Dr Nusarat Inamdar, "A Study of Maternal & Fetal Outcome in Hypertensive Disorders of Pregnancy"

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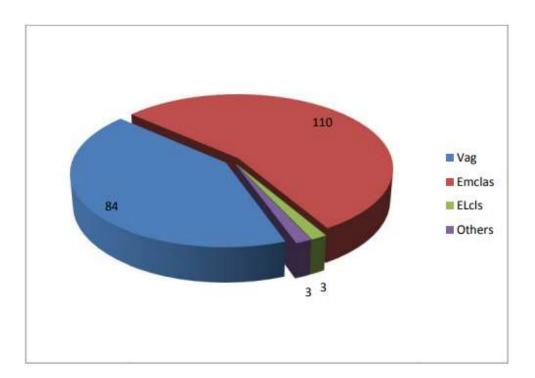
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TABLE 3. SHOWING AGE DISTRIBUTION

(3)		NO. OF CASES	Percent
Age	15-25	139	69.5
(yrs)	26-35	57	28.5
	35+	4	2.0
	Total	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.

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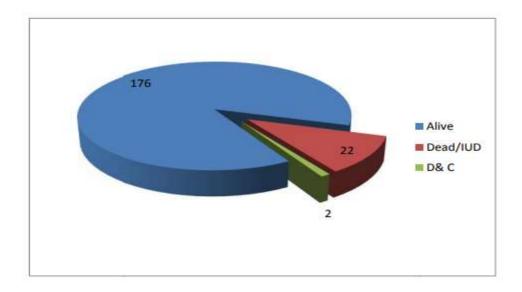
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Table showing **FETAL OUTCOME**

		Frequency	Percent
Valid	Alive	176	88.0
	Dead/IUD	22	11.0
	D& C	2	1.0
	Total	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%).

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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.

References

1. Cunningham F Gray et al "Williams obstetrics" 23rd edition.2010; chp24, pg. 706-757 Mc Graw

Hill Medical Publishing Division.

2. Ian Donald's practical obstetric problem. 6th ed.2009; 14th chap: pg 280-309. B1 publications

private.

3. Usha Krishna, Nozer K. Sheriar. OBG in perspective, pregnancy induced hypertension. Orient

longman publications.

4. Dutta DC. "Text book of obstetrics". 6th edition. Central Publishers; Chapter 17; Hypertensive

disorders in pregnancy. Pg. 221-242.

5. Annual Report of People health .government of India .Ministry of Health & family welfare .sep

2010

6. Sibai Baha M. "Hypertension in pregnancy". Clinical Obstetrics and Gynaecology 199; 422-562.

7. Daftary S, Tank DK, Usha Krishna. "Pregnancy at Risk-Current concepts", 4th edition, Jaypee

Publications; Chapter 46; pg. 257-262.

8. Fernando Arias "Practical guide to High Risk Pregnancy" 3ed.2008; chp 16; Pg. 295-315. Elsevier

Publication.

9. Chesley LC. "Hypertensive disorders in pregnancy", New York, Appleton- Century Crofer 1978;

1-628.

10. Michael J O' Dowd, Elliot E Phillipp. "The history of obstetrics and gynaecology". England: the

Pantheon Publishing Group Limited. Dickman Wi. "Toxemia of pregnancies". 1952; 2nd edition.