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REVIEW ARTICLE

STUDY OF CLINICAL PROFILE OF HYPERTENSION IN PREGNANCY

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ABSTRACT

Background and aim: Hypertension during pregnancy and their complications are one of the most common causes of maternal morbidity in world. In India, the incidence of Hypertension is reported to be 8-10% of the pregnancies. **Methods:** A prospective analysis of 50 cases of pregnant women at Dr RPGMC Tanda. **Results:** Regular ANC visits and follow-up in patients of pregnancy with hypertension will reduce the morbidity and mortality in nearly 70-75%. **Conclusion:** There is an urgent need to detect hypertension early to improve maternal morbidity.

Key words:

Hypertension,
Pregnancy,
Morbidity.

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INTRODUCTION

Hypertensive disorders of pregnancy and their complications rank as one of the major causes of maternal morbidity in the world.¹ It occurs in the second half of the pregnancy (after 20 weeks) and accounts for approximately a quarter of all antenatal admissions, worldwide 10% of all pregnancies are complicated by hypertension, with pre-eclampsia and eclampsia being major cause of maternal morbidity and mortality. Hypertension is defined as BP >140/90mmHg, taken after a period of rest on two occasions OR >160/110mmHg on one occasion in previously normotensive women.² The incidence of Hypertension in pregnancy varies widely from 5-15%. In India the incidence of Hypertension is reported to be 8-10% of the pregnancies.³ Incidence of Hypertension varying according to age, race, and BMI.⁴⁻⁶ The vast majority of Hypertension occurs in low- and middle-income countries. It is about 10% in primigravida and 5% in multigravida. There is national guidance on the care of women with severe pre-eclampsia or eclampsia and on screening for Hypertensive disorder during pregnancy.⁷⁻¹⁰ However there has been no guidance on the assessment and care of women and their babies after diagnosis of hypertension (including the uses of

anti-hypertensive treatment or on maternity care for women with chronic hypertension. The present study evaluated hypertension in pregnancy

MATERIALS AND METHODS

Inclusion Criteria

- All the patient who come to outdoor antenatal clinics, and pregnant patient visiting to medical OPD are included in this study.
- The pregnant women > 20 weeks and BP >140mmHg, minimum for 2 frequent time or visit.
- Patient with past history of gestational hypertension, pre-eclampsia and eclampsia.

Exclusion Criteria

- Gestational age <20weeks
- Pregnancy at the age >42 years

Data were presented as frequency and percentages.

RESULTS AND DISCUSSION

Age: Table 1 shows the age distribution in pregnant women. 58% of patients were between the age group of 20-25 years. It come to 90% of the young pregnant hypertensive females were between 20 and 30 years. This indicates the incidence of hypertension remarkably decrease above the age of 30 years. Late Pregnancy above 30 years, do not usually are having much risk of developing hypertension.

Table 1. Age Distribution in hypertension in pregnancy

Age group (Years)	No of Case
<20	3 (6%)
20-25	29 (58%)
26-30	10 (20%)
>30	8 (17%)

Socioeconomic class: Table 2 shows the Socioeconomic class. 46(65%) of patients are of lower Socioeconomic group. 20(28%) of patients are of middle Socioeconomic class. Where as 4 (7%) of patients are belonging to upper SC group. This shows that the incidence of hypertension in pregnancy in upper SE group is very less 4 (7%) that is < 10% of patients. This is because of increased awareness increased setter antenatal care taken during pregnancy.

Table 2. Socioeconomic class

Socioeconomic Class	No of Case
Lower	46 (92%)
Middle	3 (6%)
Upper	1 (2%)

Parity: Table 5 shows that development of hypertension is almost double in primipara than multipara (or second para). So judicious screening for hypertension is required to prevent maternal complication during pregnancy. The incidence of hypertension decreases as the parity increases.

Table 4. Parity in relation to hypertension in pregnancy

Parity	No of Case
Primi	26 (52%)
Second	12 (24%)
Multi	12 (24%)

Antenatal visits: Table 5 shows that the incidence of hypertension in term pregnancy. 68% of the young hypertensive pregnant patients. That is almost double than the incidence in pre term and post term pregnancy.

Table 5. Antenatal visits in relation to hypertension in pregnancy

S. No	Gestational Age (In weeks)	No of Case
1	Pre-term (<37 weeks)	15 (30%)
2	Term (37-42 weeks)	34 (68%)
3	Post Term (>42 weeks)	1 (2%)

Gestational age: Table 6 shows the development of occurrence of hypertension in relation to visits to antenatal clinic If patient is irregular in ANC less than 3 visits, 38(76%)

develops hypertension during any stage of their pregnancy and if patient is regularly visiting to ANC 12(24%) patients had developed hypertension. This shows that the development of hypertension almost approximately 2.5-3 times more occurrence of hypertension in pregnant patients, those who are not regularly visiting to ANC.

Table 6. Gestational age in relation to hypertension in pregnancy

No. of ANC Visits	No f Case
<3 visits	38 (76%)
>3 Visits	12 (24%)

CONCLUSION

Hypertension common in younger age group between 20-25 years of age, lower socioeconomic class, primigravida, and with less antenatal follow up.

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