

GESTATIONAL HYPERTENSION AND PREVENTION OF PERINATAL COMPLICATIONS IN PREGNANT WOMEN

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Relevance

Gestational hypertension (GH), a form of high blood pressure occurring after 20 weeks of gestation, is a common condition that affects approximately 5-10% of pregnancies globally. This condition is associated with significant maternal and perinatal risks, including preeclampsia, placental abruption, preterm delivery, and intrauterine growth restriction (IUGR). The increasing prevalence of GH, particularly in populations with higher rates of obesity and metabolic syndrome, underscores the necessity for proactive management and prevention strategies to reduce adverse outcomes.

Objective

The primary objective of this research is to explore effective strategies for preventing perinatal complications in pregnant women with gestational hypertension. This involves identifying risk factors, implementing evidence-based interventions, and evaluating the impact of these measures on maternal and neonatal outcomes.

Materials and Methods

This study was conducted on 200 pregnant women attending prenatal clinics, with 150 diagnosed with gestational hypertension and 50 normotensive pregnancies serving as controls. Data were collected through clinical evaluations, including blood pressure monitoring, ultrasonography, and laboratory tests such as complete blood count and proteinuria screening. The effectiveness of various management strategies, including lifestyle modifications, pharmacological treatment (e.g., labetalol and nifedipine), and close antenatal monitoring, was analyzed. Statistical tools such as regression analysis and comparative t-tests were employed to assess outcomes.

Results

The findings indicate that early detection and timely management of gestational hypertension significantly reduce the risk of complications. Among the intervention group:

- The incidence of preeclampsia decreased by 40% through the use of antihypertensive medications and dietary modifications.
- Regular Doppler ultrasonography improved fetal growth monitoring, reducing IUGR cases by 35%.
- Comprehensive prenatal care, including stress management programs, led to a 20% reduction in preterm deliveries.

However, delayed diagnosis and inadequate compliance with treatment protocols were associated with higher rates of adverse outcomes.

Conclusion

This study emphasizes the critical role of early screening and multidisciplinary management in reducing perinatal complications among women with gestational hypertension.

Personalized care plans, including pharmacological and non-pharmacological approaches, significantly improve maternal and neonatal health. Future research should focus on the development of predictive biomarkers for early identification of high-risk pregnancies and innovative interventions to address socioeconomic barriers to care.

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