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**HYPERTENSIVE DISORDERS IN PREGNANCY**

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**Introduction.** Hypertension is the most common medical problem encountered during pregnancy, complicating 2-3% of pregnancies. Hypertensive disorders during pregnancy are classified into 4 categories, as recommended by the National High Blood Pressure Education Program Working Group on High Blood Pressure in Pregnancy: 1) chronic hypertension, 2) preeclampsia-eclampsia, 3) preeclampsia superimposed on chronic hypertension, and 4) gestational hypertension (transient hypertension of pregnancy or chronic hypertension identified in the latter half of pregnancy) (1). This terminology is preferred over the older but widely used term pregnancy-induced hypertension (PIH) because it is more precise.

**Materials and methods.** A longitudinal study of some women that were less than 20 weeks pregnant at booking was carried out. Blood pressure was measured for each woman at booking and at subsequent visits. Urinalysis was done at booking and whenever blood pressure was elevated. Patients were followed-up to delivery and 6 weeks postpartum.

**Results of research.** The frequency of pregnancies and birth, complications; late gestosis, in the Ukraine ranges from 10 to 15%. There is a clear trend towards an increase in the frequency of severe forms of gestosis, defining the structure of maternal and perinatal mortality. Preeclampsia was predominant. The rate of preeclampsia ranges between 2% and 7% in healthy nulliparous women. The rate is substantially higher in women with twin gestation (14%) and in those with

previous preeclampsia (18%).

**Conclusions.** In the most serious cases, the mother develops preeclampsia-or "toxemia of pregnancy"-which can threaten the lives of both the mother and the fetus. Delivery is indicated if the risk of complications is over 0,632 and/or when the signs of the aggravation of the fetus or the mother are registered and after the prevention activities of fetus respiratory distress syndrome.