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NATDHANAN PHATKRATHOK: OUTCOME OF PREGNANCIES WITH
HYPERTENSIVE DISORDERS. THESIS ADVISORS: SURAPOL
SUWANAGOOL, M.D., F.A.C.P., JAYANTON PATUMANOND, M.D., D.Sc.,
CHAMAIPORN TAWICHASRI, M.Sc., SOYSAANG SETHAVANICH, M.D.
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Hypertensive disorders of pregnancy are important causes of both maternal and neonatal morbidity and mortality worldwide. It is the second most common cause of maternal mortality countrywide in Thailand. The aim of this retrospective cohort study was to explore the outcome of pregnancy in hypertensive pregnancies as compared to normotensive pregnancies and their offspring. The subjects were 482 pregnant women who attended an antenatal care clinic and delivered at the Mother and Child Hospital, Chiang Mai from December 1, 1997 to April 30, 1999. The hypertensive group included 164 with pregnancy-induced hypertension and 6 with chronic hypertension. Maternal and neonatal medical records were reviewed for demographic variables, antepartal, intrapartal, postpartal complication and neonatal variables. Data were presented in frequency, percentage, mean and standard deviation and analyzed with multivariate regression.

Chronic hypertensive pregnancies had 3.86 weeks shorter gestational duration (95% CI = 2.03 to 5.68), an increased risk of prematurity of 5.70 times (95% CI = 1.90 to 17.10), abnormal mode of delivery of 3.10 times (95% CI = 1.08 to 8.94), indication for abnormal delivery of 3.49 times (95% CI = 1.33 to 9.13). Pregnancy-induced hypertensive pregnancies were at an increase in risk of abnormal mode of delivery 1.52 times (95% CI = 1.10 to 2.08), indication for abnormal delivery 1.51 times (95% CI = 1.10 to 2.06), prolonged second stage in nullipara 2.81 times (95% CI = 1.12 to 7.01), 20.86 minutes longer duration of second stage labour (95% CI = 5.70 to 36.01), and 1.62 minutes in the third stage (95% CI = 0.11 to 3.13), 30.32 cc more estimated blood loss (95% CI = 5.17 to 55.47). The infants born to chronic hypertensive mothers weighted 518.30 grams or less (95% CI = 844.24 to 192.32), 2.05 cm. smaller head circumferences (95% CI = 3.29 to 0.76), and 4.15 times increased in risk of low birth weight (95% CI = 1.01 to 17.10), and 78.0 times congenital anomalies (95% CI = 13.03 to 466.80).

Women with hypertensive pregnancies should be advised to attend antenatal care and an appropriate intervention should be given early, to avoid an undesirable outcome of pregnancy.