

ABSTRACT:

Title:

Is PIH changing in its pattern? Changed to traditional thinking!

Rationale:

Pregnancy induced hypertension (PIH) is the commonest medical disorder in pregnancy. It may associate with high maternal and perinatal morbidity and mortality. It is said that 16-24% of first pregnancies are complicated by it and the incidence of PIH is becoming less as parity advances. However we noticed that more multigravid women are being admitted to local hospital due to PIH or its complications. Therefore following study was undertaken to ascertain whether there is true association in relation to parity and to find aetiology if any.

Objectives:

To determine the proportion of pregnancy induced hypertension/preeclampsia in primigravid and multigravid mothers and to ascertain the aetiology of PIH in multigravid women.

Design, settings & time:

Hospital based cross sectional observational study in ward 5 General hospital Kandy from 01/03/2004 to 31/07/2004.

Method:

All pregnant mothers with gestational age more than 20/52 are eligible to participate in this study. Hypertensive mothers were selected according to the ISSHP classification. Data were collected by means of a questionnaire.

Results:

Total number of mothers in the study population was 1825 of which 135 were mothers with PIH. Therefore the proportion of PIH in study group was 7.4%. In the PIH cohort 62.2% were multigravid mothers and 37.8% were primip. The proportion of preeclampsia

and eclampsia was 1.15% & 0.1% respectively. The proportion of PIH mothers were increased when the parity increases & this linear association is statistically significant. (p=0.006). The main risk factors for PIH in multi gravid mothers were past history of PIH & family history of hypertension. Relative risks were 4.78(95%CI 2.3-9.8) & 6.85(95%CI 3.2-14.4) respectively. Among multi gravid mothers there was only one mother with a change in paternity.

Conclusion:

A significant proportion of PIH and preeclampsia mothers were multip. Main risk factors are history of PIH and positive family history of hypertension.

Recommendation:

Since our findings are not in keeping with traditional thinking we recommend properly designed multi centric or population based study to see the effect of parity on PIH.