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Perinatal Consequences in Pregnant Women with Hypertensive Disorders

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Objective: To determine and analyze the frequency of fetal growth restriction (FGR-syndrome) in pregnant women with hypertensive disorders as a variant of perinatal complication.

Methods: A retrospective analysis of the delivery histories of 2735 women with singleton pregnancies at the regional perinatal center in 2020 was conducted, including 2680 live births (97.9%) and 55 stillbirths (2.21%). Hypertensive disorders during pregnancy were present in 272 women (9.95%). FGR-syndrome in women with hypertensive disorders was detected in 130 cases (47.8%), while in normotensive courses of pregnancies it was 28.2% (680 children from the total number).

Results: A detailed analysis of pregnancy course in 42 women with hypertensive disorders and FGR revealed that gestational hypertension was present in 6 (14.3%), chronic arterial hypertension in 6 (14.3%), and preeclampsia in 30 (71.4%). A high percentage of preterm deliveries occurred in women with hypertensive disorders - 22 (52.38%). The degree of prematurity of newborns according to gestational age was: I - 18 (81.82%), II - 2 (9.09%), III – 0, IV - 2 (9.09%). The number of low birth weight infants for gestational age was 28 (66.67%), and varitable FGR-syndrome of grade 1 (below the 10th percentile) was present in 6 (14.29%) infants, and grade 2 in 8 (19.05%) infants.

Discussion: According to the obtained data on the mass-growth parameters of newborns and analysis using the T. Fenton table (2013), it was established that true FGR-syndrome in women with hypertensive disorders was detected in 33.33% of cases, while in 66.67% there were low-weight babies for their gestational age.

Conclusions: Based on a retrospective study of the course of pregnancy and childbirth, it has been established that women with hypertensive disorders are a high-risk group for adverse perinatal outcomes and the birth of children with congenital anomalies. It is advisable to further analyze and organize possible methods of comprehensive diagnosis of changes in peripheral vascular resistance in the cardiovascular system of the mother and fetus in hypertensive disorders in order to prevent the aforementioned complications.