

11. HYPERTENSIVE DISORDERS IN PREGNANCY

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Introduction. High blood pressure (HBP) is a clinical syndrome, defined by the persistent increase of systolic pressure ≥ 140 mmHg or/and diastolic pressure ≥ 90 mmHg. It can affect pregnant women causing hypertensive disorders in pregnancy (HDP) which is a major problem, being a serious threat to both maternal and fetal health. It affects up to 10% of all pregnancies and causes about 15% of maternal deaths globally [1,2].

Aim of study. The aim of this study is to emphasize the role of HDP in maternal and fetal morbidity and mortality, a risk factor for future maternal cardiovascular disease.

Methods and materials. This review comprehends the latest data on this topic, published in AHA/ASA Journals and Google Scholar.

Results. This review concluded that the incidence of HDP in 2019 constituted 18.08 million globally. The risk factors for HDP are family history, previous hypertensive pregnancies, obesity, diabetes, developing countries habitating [2]. Women with HDP may present: visual disturbances, headache, gastrointestinal complaints as well as edemas, which can be a sign of evolving preeclampsia. There is a 5 fold risk of perinatal death for women with HDP by contrast to those with normotensive pregnancies. The effect of HBP values during pregnancy also reflects on the fetus and may cause intrauterine fetal growth restriction, prematurity and stillbirth [3]. More than that, women with HDP are more likely to develop cardiovascular events such as Myocardial Infarction, Heart Failure and Cerebrovascular Complications. Women of the advanced maternal age are expected to have an increased rate of HDP because of risk factors such as obesity and diabetes and are more likely to develop atherosclerosis, which affects the small arteries, leading to hypertension [3]. The number of deaths due to HDP was approximately 27.83 thousand in 2019, representing a 30.05 % decrease from 1990 [2].

Conclusion. Hypertensive disorders in pregnancy is a serious problem, especially in developing countries. The connection between HDP and future cardiovascular events may be sharing common risk factors, like obesity, diabetes, dyslipidemia. Using these risk factors as targets for prevention would probably bring an improvement to the morbidity and mortality rates of both HDP and cardiovascular disease.