

Results of the Prospective Registry of Patients with Hypertensive disorders of pregnancy in a city center from Buenos Aires

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Objective

The hypertensive disorders of pregnancy (DHE) complicate 10% of pregnancies, being the leading cause of maternal mortality and requiring a multidisciplinary team dedicated to its approach. The objective is quantify the prevalence, clinical characteristics and evolution of DHE in a medical center with a dedicated program for its management.

Methods

Continuous and prospective registry from November 2019 to July 2021 that included all patients (pts) with DHE (Chronic arterial hypertension – HT, Pregnancy induced hypertension – HIE, early pre-eclampsia – Pep, late pre-eclampsia – Pet, superimposed pre-eclampsia – PESI and eclampsia) and who met the inclusion criteria, excluding those without medical coverage that would impede follow-up. Baseline clinical characteristics and evolution, treatment, and persistence of HT after the puerperium were evaluated. The incidence of preterm delivery, intrauterine growth restriction (RCIU) maternal and neonatal mortality within the first 28 days of life were analyzed.

Results

152 pts were included that met the inclusion criteria HTg (37,5%), Pep (19,7%), Pet (38,8%), PESI (3,3%), eclampsia (0,6%). Mean age was 36,4 ± 5,6 years and 38,1% received aspirin. The most common antihypertensive were labetalol (65,8%) and enalapril (44,1 %) for pregnancy and puerperium, respectively. There was no maternal mortality and neonatal mortality was 3.6%. The persistence of HT after the puerperium was 20%.

Conclusion

Late preeclampsia was the most frequent hypertensive disorder of pregnancy in the population analyzed and 1 out of every 5 patients with hypertensive disorder of pregnancy was diagnosed with chronic arterial hypertension after the puerperium. 61.9% of the total number of patients who suffered from a hypertensive disorder of pregnancy were not receiving preventive aspirin treatment, including those patients with chronic arterial hypertension. These results suggest underuse of aspirin prophylaxis and the need to find new ways to identify risk groups, especially for late preeclampsia.