

## MANAGEMENT OF PREGNANCY INDUCED HYPERTENSION

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### ABSTRACT

Pregnancy induced hypertension (PIH) is a global problem and complicates approximately 10-17% of pregnancies and is therefore most common medical problem requiring special attention in the intrapartum period. Hypertension may, of course, precede pregnancy, but more commonly develops during it in which case blood pressure levels can change very quickly. The increase of BP rarely starts before 20 weeks, but may be a major problem by the third trimester (24-36 weeks). Pregnancy induced hypertension, although a common complication of pregnancy must not be taken lightly. It becomes very essential for a treating physician to know in detail about this particular complication of pregnancy. If PIH is detected early with prompt and effective treatment, the features disappear completely and the prognosis is not unfavourable, both for the mother and the baby. The primary objective of treatment in women with severe hypertension and preeclampsia is to prevent cerebral complications such as encephalopathy and haemorrhage. The threshold for treatment is usually a sustained diastolic blood pressure of 110 mm Hg or higher. Antihypertensive drugs can affect the foetus either indirectly, by lowering uteroplacental blood flow, or directly, by influencing the umbilical or foetal cardiovascular circulation. In patients with mild to moderate hypertension, both chronic and pregnancy induced, methyldopa treatment improves the maternal outcome. Among the different antihypertensive drugs that have been reported to be effective, safe and well tolerated during pregnancy, many clinical trials and studies conclusively state that methyldopa represents the more suitable option in pregnancy induced hypertension. In this article we have briefly gone through the various aspects of hypertension, stressing importance on its rising incidence globally and in India.

**KEYWORDS:** Pregnancy induced hypertension, Preeclampsia, Gestational diabetes,

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