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## **HYPERTENSIVE DISORDERS IN PREGNANCY**

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**Introduction.** Hypertension is one of the common medical complications of pregnancy and contributes significantly to maternal and perinatal morbidity and mortality. Hypertension is a sign of an underlying pathology, which may be pre-existing or appears for the first time during pregnancy. The identification of this clinical entity and effective management play a significant role in the outcome of pregnancy, both for the mother and the baby. In developing countries, with inadequately cared pregnancy, this entity on many occasions remains undetected till major complications supervene.

**Aim:** to focus on the different types of hypertensions during pregnancy and their methods of treatment.

**Material and methods.** This review article synthesizes the different types of gestational hypertension and the way of their treatment through a comprehensive literature search in databases such as PubMed, DC DUTTA'S textbook of obstetrics.

**Results and their discussion.** Gestational hypertension, preeclampsia, and eclampsia represent a spectrum of hypertensive disorders in pregnancy, each with distinct characteristics and clinical implications. Gestational hypertension is defined by elevated blood pressure ( $\geq 140/90$  mmHg) after 20 weeks of gestation without proteinuria or other systemic symptoms, whereas preeclampsia includes hypertension with proteinuria or end-organ dysfunction (e.g., thrombocytopenia, impaired liver function). Eclampsia, the most severe form, involves seizures in a preeclamptic patient, posing life-threatening risks to both mother and fetus. Early recognition of signs—such as severe headaches, visual disturbances, epigastric pain, and sudden weight gain—is crucial for timely intervention. Treatment varies by severity: gestational hypertension may require monitoring and antihypertensives, while preeclampsia often necessitates magnesium sulfate for seizure prophylaxis and prompt delivery, the only definitive cure. Eclampsia demands immediate magnesium sulfate and stabilization, emphasizing the need for multidisciplinary care to reduce maternal and neonatal morbidity and mortality. Understanding these differences ensures appropriate management, improving outcomes in high-risk pregnancies.

**Conclusion.** Gestational hypertension, preeclampsia, and eclampsia are serious pregnancy-related conditions that require early detection and prompt management to prevent adverse outcomes. While gestational hypertension may be managed with close monitoring, preeclampsia and eclampsia demand urgent medical intervention, including antihypertensive therapy, magnesium sulfate, and often early delivery. Improved screening, patient education, and timely treatment are essential to reducing maternal and fetal complications. Further research into predictive biomarkers and targeted therapies could enhance prevention and care for these hypertensive disorders of pregnancy.