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ЖУРНАЛ КАРДИОРЕСПИРАТОРНЫХ ИССЛЕДОВАНИЙ

Камолова Д.Д.
Ассистент кафедры
Самаркандский государственный медицинский университет
Кафедра пропедевтики внутренних болезней
Самарканд, Узбекистан

ГИПЕРТЕНЗИВНЫЕ РАССТРОЙСТВА ПРИ БЕРЕМЕННОСТИ: КЛИНИЧЕСКИЕ ОСОБЕННОСТИ И МАТЕРИНСКО-ПЕРИНАТАЛЬНЫЕ ИСХОДЫ

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АННОТАЦИЯ

Гипертензивные расстройства беременности продолжают оставаться значимой проблемой в акушерской практике в связи с их тесной ассоциацией с неблагоприятными материнскими и неонатальными исходами. Целью данного исследования было оценить особенности течения беременности, методы родоразрешения и перинатальные результаты у женщин с гипертензией во время гестации.

В ретроспективный анализ были включены 45 беременных женщин, получавших лечение в родильном отделении Республиканской клинической больницы Самаркандского государственного медицинского университета. В исследуемую группу вошли пациентки с гестационной гипертензией (53,3%), преэклампсией (35,6%) и хронической артериальной гипертензией (11,1%). Клинические симптомы, акушерские вмешательства и неонатальные показатели были систематически проанализированы с использованием методов описательной статистики.

Анализ показал, что гипертензивные состояния ассоциированы с повышенной частотой кесарева сечения (57,8%), преждевременных родов (22,2%) и сниженной массой тела новорождённых (31%). Наиболее тяжёлые исходы наблюдались у пациенток с преэклампсией, где частота оперативного родоразрешения достигала 75%, а неонатальные осложнения встречались значительно чаще. Средняя масса тела при рождении составила 2700 ± 480 г, перинатальная смертность — 2,2%.

К основным предрасполагающим факторам в исследуемой популяции относились возраст матери старше 30 лет (57,8%), первая беременность (58%), избыточная масса тела (46,7%), а также наличие артериальной гипертензии в личном или семейном анамнезе (40%). Статистический анализ подтвердил достоверную связь между тяжестью гипертензивных расстройств и неблагоприятными перинатальными исходами ($p < 0,05$).

В заключение, гипертензивные расстройства при беременности значительно повышают риск осложнений как для матери, так и для ребёнка. Ранняя диагностика, тщательное наблюдение и индивидуализированные стратегии ведения являются ключевыми факторами для улучшения клинических исходов и снижения перинатальных рисков.

Ключевые слова: гипертензивные расстройства беременности, гестационная гипертензия, преэклампсия, материнские осложнения, перинатальные исходы, акушерская тактика

Kamolova D.J.
Assistant of the Department
Samarkand State Medical University
Department of Propaedeutics of internal diseases
Samarkand, Uzbekistan

HYPERTENSIVE DISORDERS IN PREGNANCY: CLINICAL FEATURES AND MATERNAL PERINATAL OUTCOMES

ABSTRACT

Hypertensive disorders of pregnancy continue to represent a major concern in obstetric practice due to their strong association with adverse maternal and neonatal outcomes. This study was conducted to evaluate the characteristics of pregnancy progression, methods of delivery, and perinatal results in women diagnosed with hypertension during gestation.

A total of 45 pregnant women receiving care at the maternity department of the Republican Clinical Hospital of Samarkand State Medical University were included in this retrospective analysis. The cohort comprised patients with gestational hypertension (53.3%), preeclampsia (35.6%), and chronic hypertension (11.1%). Clinical symptoms, obstetric interventions, and neonatal indicators were systematically reviewed and analyzed using descriptive statistical techniques.

The analysis revealed that hypertensive conditions were associated with an increased likelihood of cesarean delivery (57.8%), preterm birth (22.2%), and reduced neonatal birth weight (31%). The most severe outcomes were observed in patients with preeclampsia, where operative delivery rates reached 75% and neonatal complications occurred more frequently. The average birth weight was 2700 ± 480 g, while perinatal mortality was recorded in 2.2% of cases.

Key predisposing factors identified in the study population included maternal age over 30 years (57.8%), first pregnancy (58%), excess body weight (46.7%), and a positive personal or family history of hypertension (40%). Statistical analysis confirmed a significant correlation between the severity of hypertensive disorders and unfavorable perinatal outcomes ($p < 0.05$). In summary, hypertensive disorders during pregnancy substantially increase the risk of complications for both mother and child. Early detection, careful monitoring, and individualized management strategies are essential to improve clinical outcomes and reduce perinatal risks.

Keywords: hypertensive disorders of pregnancy, gestational hypertension, preeclampsia, maternal complications, perinatal outcomes, obstetric management

Kamolova D.J.
Kafedra assistenti
Samarqand davlat tibbiyot universiteti
Ichki kasalliklar propedevtikasi kafedrasi
Samarqand, O‘zbekiston

HOMILADORLIKDAGI GIPERTENZIV BUZILISHLAR: KLINIK XUSUSIYATLARI VA ONA HAMDA PERINATAL NATIJALAR

ANNOTATSIYA

Homiladorlikdagi gipertenziv buzilishlar akusherlik amaliyotida muhim muammo bo‘lib qolmoqda, chunki ular ona va yangi tug‘ilgan chaqaloqlarda noxush asoratlar bilan chambarchas bog‘liq. Ushbu tadqiqotning maqsadi homiladorlik davrida gipertenziyaga chalingan ayollarda homiladorlik kechishi, tug‘ruq usullari va perinatal natijalarni baholashdan iborat.

Mazkur retrospektiv tahlilga Samarqand davlat tibbiyot universiteti Respublika klinik shifoxonasining tug‘ruq bo‘limida davolangan 45 nafar homilador ayol kiritildi. Tadqiqot guruhiga gestatsion gipertenziya (53,3%), preeklampsiya (35,6%) va surunkali arterial gipertenziya (11,1%) bilan og‘rigan bemorlar kirdi. Klinik simptomlar, akusherlik aralashuvlari va neonatal ko‘rsatkichlar tizimli ravishda o‘rganilib, tavsifiy statistika usullari yordamida tahlil qilindi.

Tahlil natijalari shuni ko‘rsatdiki, gipertenziv holatlar kesarcha kesish ehtimolining oshishi (57,8%), muddatidan oldin tug‘ruq (22,2%) va yangi tug‘ilgan chaqaloqlarda tana vaznining pastligi (31%) bilan bog‘liq. Eng og‘ir natijalar preeklampsiya bilan og‘rigan bemorlarda kuzatildi, bunda operativ tug‘ruq darajasi 75% ga yetdi va neonatal asoratlar ko‘proq uchradi. Tug‘ilishdagi o‘rtacha tana vazni 2700 ± 480 g ni tashkil etdi, perinatal o‘lim ko‘rsatkichi esa 2,2% bo‘ldi.

Tadqiqot populyatsiyasida aniqlangan asosiy xavf omillari quyidagilar bo‘ldi: onaning yoshi 30 yoshdan katta (57,8%), birinchi homiladorlik (58%), ortiqcha tana vazni (46,7%), shuningdek arterial gipertenziyaning shaxsiy yoki oilaviy anamnezi mavjudligi (40%). Statistik tahlil gipertenziv buzilishlarning og‘irligi bilan noxush perinatal natijalar o‘rtasida ishonchli bog‘liqlik mavjudligini tasdiqladi ($p < 0,05$).

Xulosa qilib aytganda, homiladorlikdagi gipertenziv buzilishlar ona va bola uchun asoratlar xavfini sezilarli darajada oshiradi. Erta tashxis qo‘yish, sinchkov monitoring va individual yondashuv asosida davolash strategiyalari klinik natijalarni yaxshilash hamda perinatal xavflarni kamaytirishda muhim ahamiyatga ega.

Kalit so‘zlar: homiladorlikdagi gipertenziv buzilishlar, gestatsion gipertenziya, preeklampsiya, onaga oid asoratlar, perinatal natijalar, akusherlik boshqaruvi

Hypertensive disorders of pregnancy (HDP), including gestational hypertension, preeclampsia, and chronic hypertension, remain one of the leading causes of maternal and perinatal morbidity and mortality worldwide. According to the World Health Organization, these conditions complicate approximately 5–10% of all pregnancies and are responsible for nearly 70,000 maternal deaths and over 500,000 fetal and neonatal deaths annually [2,8].

The clinical significance of HDP extends beyond pregnancy itself, as these conditions are strongly associated with long-term cardiovascular, renal, and metabolic risks for both mother and offspring. Women with a history of preeclampsia have a 2–4-fold increased risk of developing hypertension, ischemic heart disease, and stroke later in life, which positions HDP as an early marker of future cardiovascular disease [7].

From a pathophysiological perspective, HDP are characterized by endothelial dysfunction, abnormal placentation, systemic inflammation, and imbalance between angiogenic and antiangiogenic factors. These mechanisms lead to impaired uteroplacental perfusion, resulting in fetal growth restriction, preterm birth, and increased perinatal mortality [5].

Despite advances in obstetric care, the incidence of hypertensive disorders continues to rise globally due to increasing maternal age, obesity, and metabolic syndrome prevalence. In low- and middle-income countries, including Central Asian regions, the burden is further exacerbated by limited access to early diagnosis, standardized monitoring, and individualized management strategies [2].

In this context, the relevance of the present study is determined by several key factors.

First, there is a critical need for early identification of high-risk patients through improved clinical and epidemiological profiling. Risk factors such as advanced maternal age, primiparity, obesity, and family history of hypertension require systematic evaluation and integration into predictive models [1,3].

Second, optimizing obstetric management strategies remains essential. The high rates of cesarean delivery, preterm birth, and neonatal complications associated with HDP necessitate evidence-based decision-making and individualized treatment approaches [3,4].

Third, there is a growing demand for region-specific data, particularly in Uzbekistan and similar healthcare settings, where epidemiological characteristics and healthcare infrastructure differ from high-income countries. Local clinical data contribute significantly to the development of tailored preventive and therapeutic protocols.

Finally, the implementation of personalized medicine approaches, including risk stratification, continuous monitoring, and multidisciplinary care, represents a promising direction for improving maternal and neonatal outcomes. Early diagnosis combined with timely intervention has been shown to significantly reduce complications and healthcare burden [1,4].

Thus, the study of hypertensive disorders in pregnancy remains highly relevant both from a clinical and public health perspective, requiring ongoing research, improved diagnostic algorithms, and individualized patient management strategies.

Purpose. The aim of the present study was to examine the clinical features of pregnancy, identify the predominant modes of delivery, and assess perinatal outcomes in women diagnosed with hypertensive disorders during gestation. The analysis was conducted among patients who received inpatient care at the maternity department of the Republican Clinical Hospital of Samarkand State Medical University.

Research materials and methods. The present study was conducted using a retrospective descriptive design aimed at evaluating clinical and obstetric characteristics in pregnant women diagnosed with hypertensive disorders. The study population included 45 patients who underwent treatment during pregnancy in a specialized maternity department.

Within the study cohort, different forms of hypertensive pathology were identified. Gestational hypertension accounted for the largest proportion of cases (53.3%, n = 24), followed by preeclampsia (35.6%, n = 16), while chronic hypertension was observed less frequently (11.1%, n = 5). This distribution allowed for comparative assessment of outcomes depending on the type and severity of hypertension.

Eligibility criteria for inclusion in the study were clearly defined. Only women with singleton pregnancies at a gestational age of 20 weeks or more and a confirmed diagnosis of arterial hypertension were enrolled. Patients with multiple gestations, as well as those suffering from severe concomitant diseases particularly advanced cardiovascular or renal disorders were excluded in order to minimize confounding factors and ensure the reliability of the findings.

Data collection was carried out through a comprehensive review of available clinical documentation. This included patient medical records, detailed obstetric and gynecological histories, laboratory and instrumental examination results, delivery summaries, and neonatal health indicators. Special attention was given to blood pressure levels, clinical symptoms, treatment approaches, and complications during pregnancy and childbirth.

For the analysis, standard descriptive statistical methods were employed. Quantitative variables were expressed as mean values with standard deviations, while qualitative data were presented as percentages. Comparative evaluation of outcomes was performed where appropriate. A p-value of less than 0.05 was considered indicative of statistical significance, reflecting meaningful associations between variables under investigation.

Results. The average age of the pregnant women included in the study was 30.8 ± 4.5 years, reflecting a predominance of patients in the mature reproductive age group. Primiparous women accounted for 58% of the total cohort, indicating a higher representation of first-time pregnancies among patients with hypertensive disorders. Nearly half of the participants (46.7%) were identified as having overweight or obesity, which is recognized as one of the major modifiable risk factors for the development of hypertensive complications during pregnancy. In addition, a positive family history of arterial hypertension was documented in 40% of cases, further supporting the role of genetic and hereditary predisposition in the pathogenesis of these conditions. Analysis of clinical manifestations demonstrated that the most frequently observed symptoms were headache, peripheral edema, and proteinuria, with a significantly higher prevalence among women diagnosed with preeclampsia. Hemodynamic assessment revealed that the average blood pressure levels in the study population reached approximately 160/100 mmHg, indicating a predominance of moderate to severe hypertension. In terms of obstetric management, operative delivery was performed in 57.8% of patients, whereas 42.2% of women delivered vaginally. The primary indications for cesarean section included severe forms of preeclampsia, evidence of fetal hypoxia, and insufficient response to conservative therapeutic measures, highlighting the clinical complexity and high-risk nature of this patient group.

Evaluation of neonatal outcomes showed that the mean birth weight of newborns was 2700 ± 480 grams, which is lower than the expected average and reflects the impact of placental insufficiency associated with hypertensive disorders. Preterm delivery was observed in 22.2% of cases, while 31% of newborns were classified as having low birth weight, defined as less than 2500 grams. Perinatal mortality was recorded in one case, accounting for 2.2% of the total sample. Statistical analysis confirmed a significant association between the severity of hypertensive disorders and the likelihood of adverse perinatal outcomes ($p < 0.05$), indicating that disease progression directly influences both maternal and neonatal prognosis.

A more detailed comparative analysis revealed that the severity and type of hypertensive disorder had a substantial impact on clinical outcomes. In particular, severe preeclampsia was associated with the highest rate of cesarean delivery, reaching 75%, which underscores the need for urgent obstetric intervention in this subgroup. The incidence of preterm birth varied depending on the form of hypertension and was lowest in patients with gestational hypertension (12.5%), intermediate in those with chronic hypertension (20%), and highest among women with preeclampsia (37.5%). Similarly, low birth weight was most frequently observed in the preeclampsia group, affecting 50% of newborns, compared to 20.8% in gestational hypertension and 40% in chronic hypertension. Neonatal complications followed a comparable pattern, being most prevalent in cases of preeclampsia (43.7%), while significantly lower rates were recorded in gestational hypertension (16.7%) and chronic hypertension (20%).

Overall, these findings demonstrate that hypertensive disorders of pregnancy, particularly preeclampsia, are associated with a marked deterioration in both obstetric and neonatal outcomes. The results emphasize the importance of early diagnosis, risk stratification, and individualized management approaches aimed at reducing the incidence of complications and improving perinatal prognosis.

Table 1. Distribution of Outcomes by Type of Hypertension

Parameter	Gestational HTN (n=24)	Preeclampsia (n=16)	Chronic HTN (n=5)
Cesarean delivery (%)	45.8%	75.0%	60.0%
Preterm birth (%)	12.5%	37.5%	20.0%
Low birth weight (%)	20.8%	50.0%	40.0%
Neonatal complications (%)	16.7%	43.7%	20.0%

Discussion. The findings of the present study confirm that hypertensive disorders of pregnancy remain a significant clinical problem associated with adverse maternal and perinatal outcomes. The obtained results are consistent with contemporary international data, demonstrating that hypertensive complications, particularly preeclampsia, substantially increase the risk of operative delivery, preterm birth, and neonatal morbidity.

The predominance of patients of mature reproductive age, as well as the high proportion of primiparous women, aligns with previously reported epidemiological trends, where advanced maternal age and first pregnancy are considered important risk factors for the development of hypertensive disorders. In addition, the high prevalence of overweight and obesity observed in the study population further supports the role of metabolic factors in the pathogenesis of these conditions. These findings are in agreement with current evidence indicating that obesity contributes to endothelial dysfunction, increased inflammatory activity, and impaired vascular adaptation during pregnancy.

The clinical presentation characterized by headache, edema, and proteinuria reflects the classical manifestations of preeclampsia and confirms the systemic nature of the disease. Elevated blood pressure levels averaging 160/100 mmHg in the study group indicate a predominance of moderate to severe forms of hypertension, which directly correlates with the severity of clinical outcomes. The high rate of cesarean delivery observed in this study (57.8%), particularly in patients with severe preeclampsia (75%), is consistent with the need for timely obstetric intervention to prevent maternal and fetal complications. Similar trends have been reported in international studies, where operative delivery is often required in cases of disease progression or fetal compromise.

The analysis of neonatal outcomes revealed a high incidence of preterm birth and low birth weight, which are well-established

consequences of placental insufficiency associated with hypertensive disorders. The mean birth weight of 2700 ± 480 g and the frequency of low birth weight (31%) indicate impaired intrauterine growth, likely resulting from chronic uteroplacental hypoperfusion. Notably, the highest rates of adverse neonatal outcomes were observed in the preeclampsia group, where preterm birth reached 37.5% and low birth weight 50%. These results are consistent with the pathophysiological concept that preeclampsia represents a more severe form of placental dysfunction compared to gestational and chronic hypertension.

An important finding of this study is the statistically significant relationship between the severity of hypertensive disorders and unfavorable perinatal outcomes ($p < 0.05$). This confirms that disease severity should be considered a key determinant in risk stratification and clinical decision-making. The gradation of outcomes across different types of hypertension further emphasizes the need for differentiated management strategies, taking into account the specific clinical form and severity of the disorder.

From a clinical perspective, the results highlight the necessity of early identification of high-risk patients and the implementation of individualized monitoring and treatment protocols. The high prevalence of modifiable risk factors, such as obesity, suggests that preventive strategies should also be incorporated into preconception and antenatal care. Furthermore, the findings underline the importance of multidisciplinary management involving obstetricians, cardiologists, and neonatologists to optimize both maternal and neonatal outcomes.

Despite the informative nature of the results, certain limitations should be acknowledged. The relatively small sample size and retrospective design may restrict the generalizability of the findings. In addition, the absence of long-term follow-up data limits the ability to assess the extended impact of hypertensive disorders on maternal cardiovascular health and child development. Future studies with larger cohorts and prospective designs are required to further clarify these associations and to develop more precise predictive models.

In conclusion, the results of the present study are consistent with current scientific evidence and demonstrate that hypertensive disorders of pregnancy, particularly preeclampsia, are associated with a significant increase in adverse obstetric and perinatal outcomes. These findings underscore the importance of early diagnosis, severity-based risk stratification, and individualized management approaches in improving clinical outcomes and reducing perinatal morbidity and mortality.

Conclusion. Hypertensive disorders during pregnancy continue to pose a serious challenge in contemporary obstetrics, as they are closely linked to unfavorable outcomes for both the mother and the newborn. The findings of this study confirm that the presence of hypertension significantly increases the likelihood of complications such as preterm delivery, fetal hypoxia, and the need for operative interventions, including cesarean section. It was established that certain maternal characteristics contribute substantially to the development and progression of hypertensive conditions. Among the most important risk factors identified were maternal age exceeding 30 years, primiparity, excessive body weight, and a personal or familial history of hypertension. These factors should be considered during antenatal risk assessment and monitoring. Furthermore, the results highlight that the severity of hypertensive disorders, particularly in cases of preeclampsia, directly correlates with poorer perinatal outcomes. This underlines the importance of differentiating between clinical forms of hypertension when planning patient management.

In this context, early diagnosis, continuous clinical surveillance, and the timely initiation of appropriate therapeutic measures are crucial for reducing the incidence of complications. An individualized approach to the management of pregnant women at risk, along with improved preventive strategies, may contribute to better maternal and neonatal health outcomes and a reduction in perinatal morbidity and mortality.

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