



Hypertensive Disorders of Pregnancy: Trends, Morbidity, and Mortality in Peshawar's Hospitals



Background

Hypertensive disorders of pregnancy (HDP) are one of the leading causes of maternal and perinatal morbidity and mortality worldwide, affecting 5 – 10% of pregnancies. In low and middle-income countries, where early detection and comprehensive management are often insufficient, HDP continues to pose significant risks to the health of both mothers and newborns. This study aims to address critical gaps in knowledge by examining the trends, burden, and clinical outcomes associated with hypertensive disorders of pregnancy at a tertiary care hospital in Peshawar.

Methodology

This retrospective observational study was conducted in the Department of Obstetrics and Gynecology, MTI, Hayatabad Medical Complex, Peshawar from 1st January to 31st December 2024. Data were collected using a structured proforma covering demographic details, obstetric history, clinical presentation, maternal morbidities, neonatal outcomes, and management details.

Inclusion Criteria

Pregnant women admitted to the obstetrics and gynecology departments with a confirmed diagnosis of any subtype of HDP, including gestational hypertension, pre-eclampsia, eclampsia, and chronic hypertension with or without superimposed pre-eclampsia, were included. Only cases beyond 20 weeks of gestation and up to 6 weeks postpartum were considered eligible for the study.

Exclusion Criteria

Women with multiple pregnancies, known renal or cardiac disorders, autoimmune diseases, or incomplete medical records were excluded from the study.

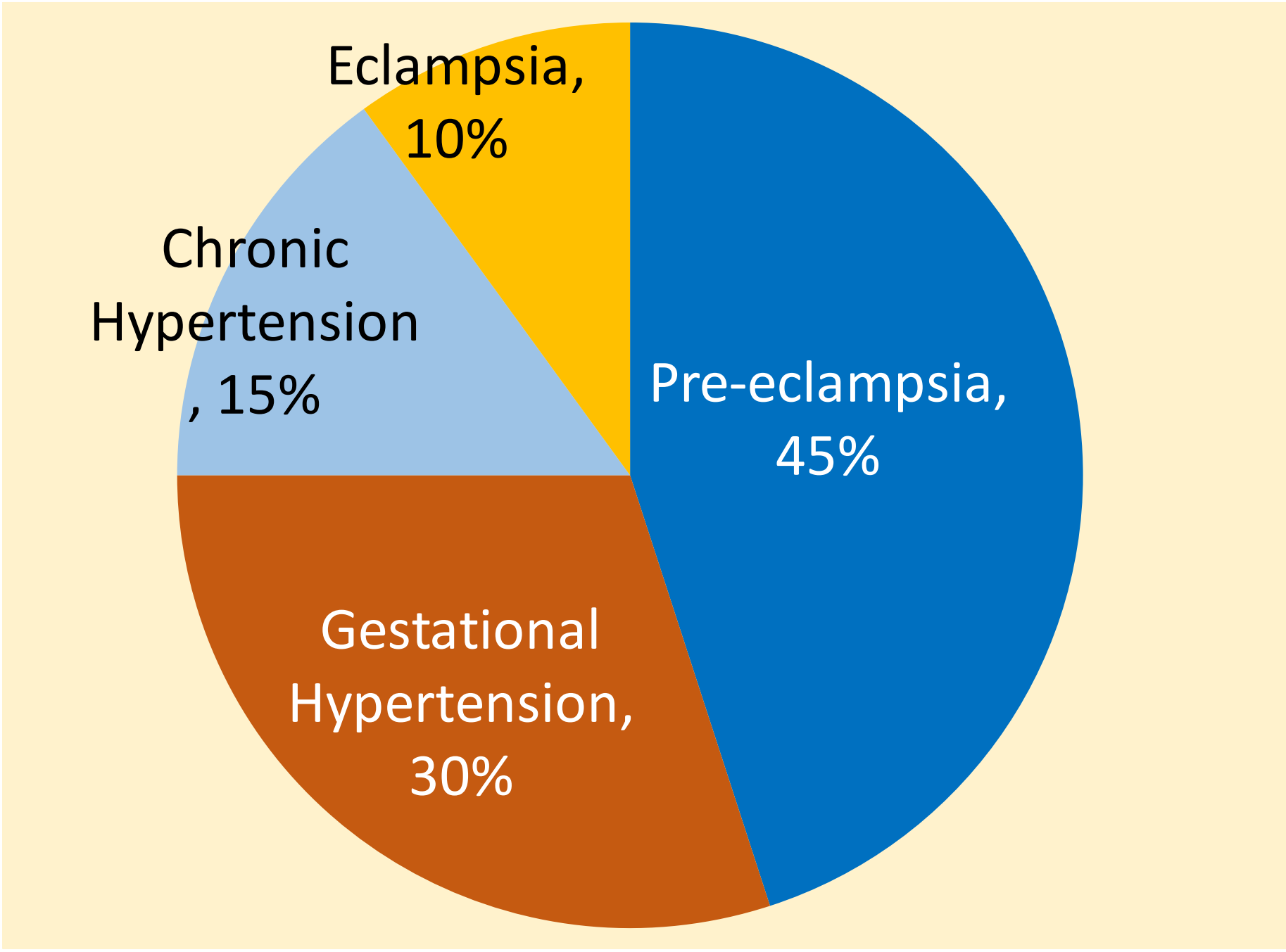
Results

A total of 120 pregnant women diagnosed with hypertensive disorders of pregnancy (HDP) were included in the study. The most prevalent subtype was pre-eclampsia, followed by gestational hypertension, while eclampsia was the least common.

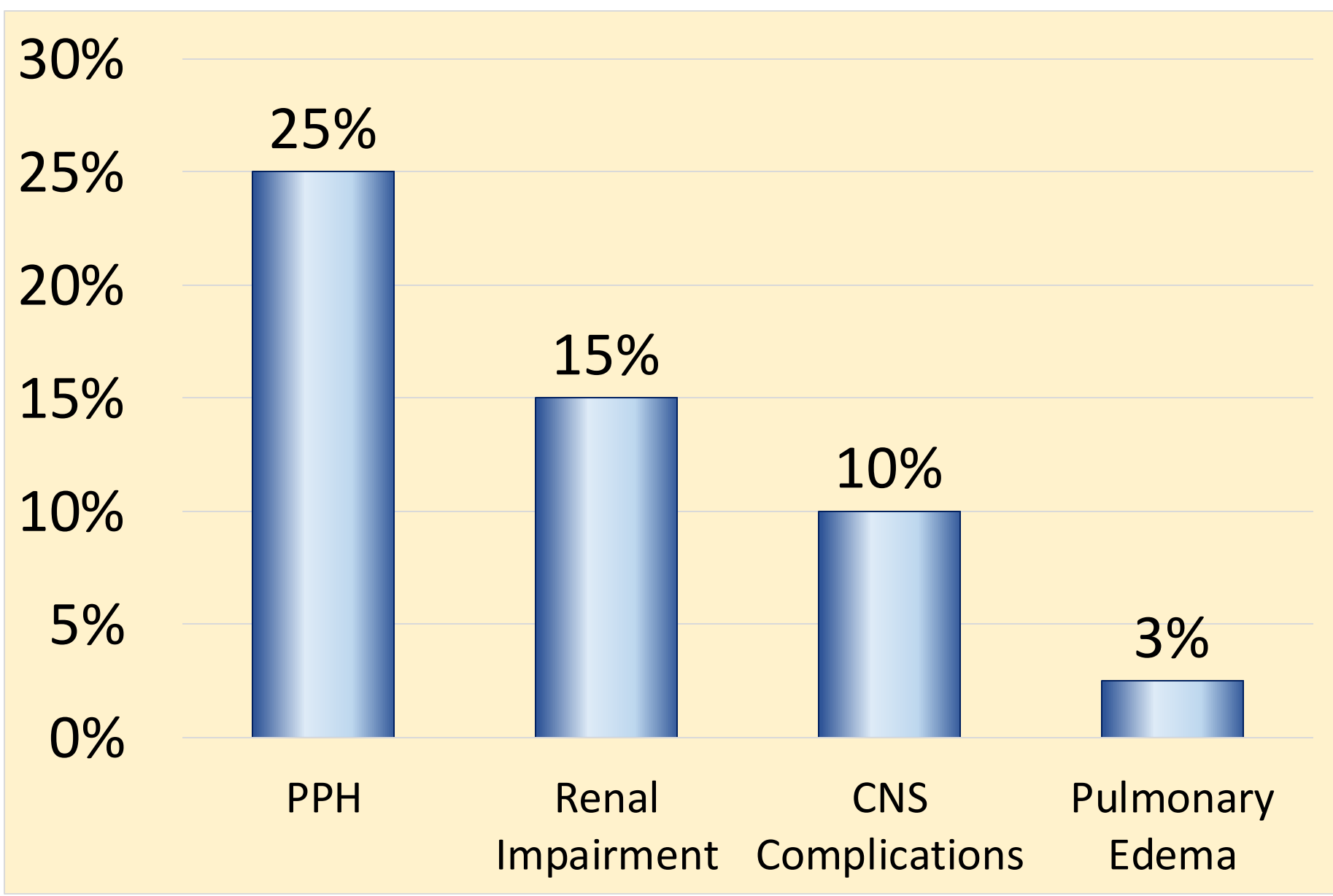
Demographic Characteristics of Participants

Variable	n (%)
Age < 25 years	30 (25.0%)
Age 25–35 years	72 (60.0%)
Age > 35 years	18 (15.0%)
Gestational Age 32–36 weeks	66 (55.0%)
Primigravida	48 (40.0%)
Multigravida	72 (60.0%)

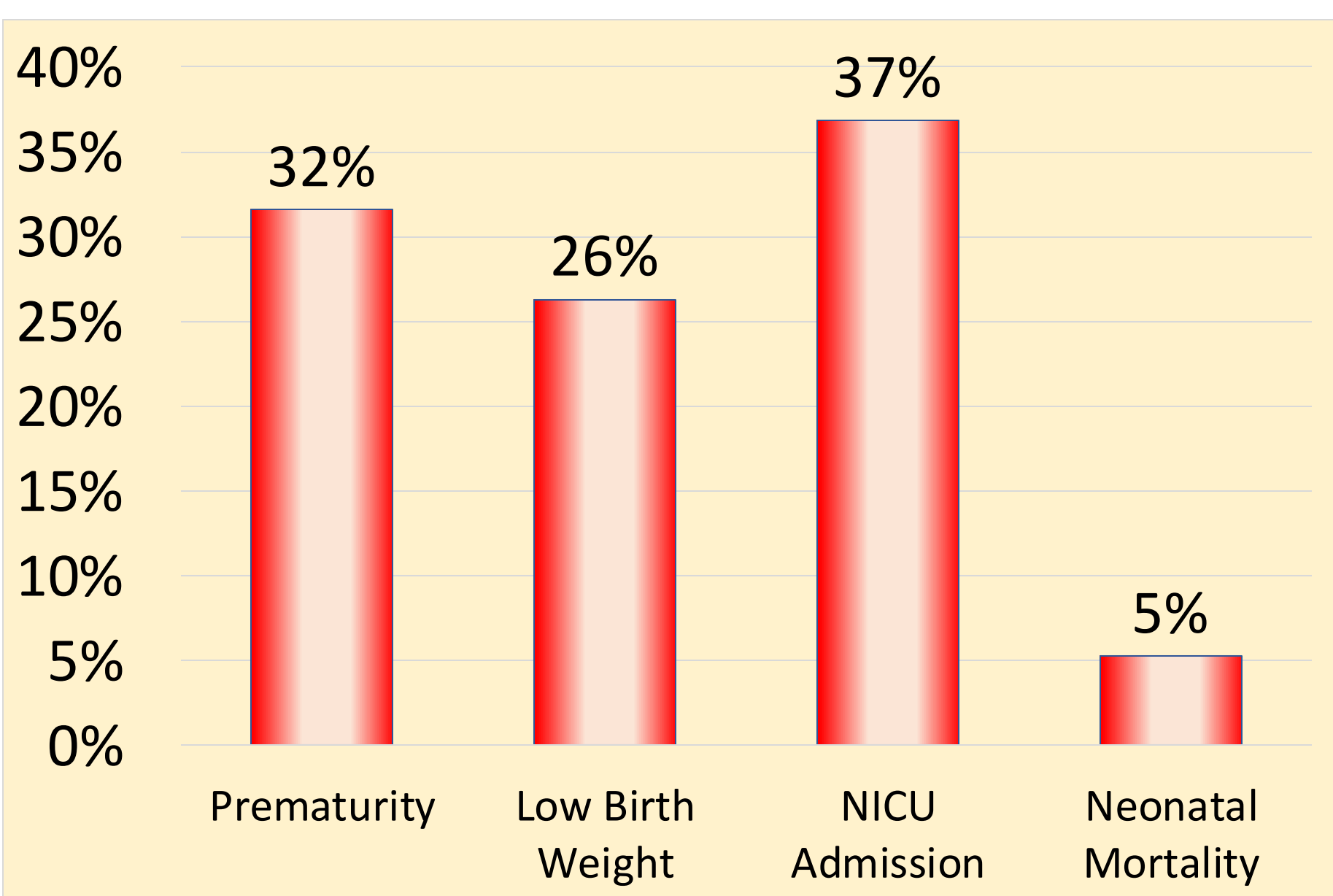
Distribution of Maternal Complications



Maternal Outcomes



Neonatal Outcomes



Conclusion

- Hypertensive disorders of pregnancy, particularly pre-eclampsia, are a major contributor to maternal and neonatal morbidity
- Postpartum hemorrhage was the most frequent maternal complication
- Prematurity and NICU admission were the most common neonatal outcomes
- Gestational age at presentation showed a significant association with neonatal complications
- Maternal age and parity did not demonstrate any meaningful relationship with adverse outcomes