

Editor's Desk



Dr. A. Muruganathan Chief Editor

Hypertensive Disorders in Pregnancy

Hypertensive disorders in pregnancy is to be focused and researched more. The treatment goals to be individualised depending on the risk factors.

Even in eye income countries like USA the hypertension related maternal mortality seems to be little high.

The management of hypertensive disorders in pregnancy needs team care and periodical closed monitoring. There should be coordination between obstetrician and physician. Over diagnosis and over treatment may cause fetal hypoperfusion.

Home monitoring is very useful for treating hypertensive disorders in pregnancy. We should have specially validated BP monitors for measuring the BP of pregnant women. Do the blood pressure may be normal after delivery they should be properly monitored becaus

they may develop cardiovascular or cerebro vascular problems later in life.

In women with resistant Hypertension, we must always elicit previous pregnancy adverse outcome history like IUGR premature delivery, abortion, eclampsia etc.

The hypertensive associations along with obstetricians should develop protocols to suit our indian conditions.

We should organize separate body for hypertensive disorders of pregnancy society of india (HIPSI), who can develop guidelines and recommendations.

Every institution should train their physicians to tackle pregnancy induced Hypertensive emergencies with the involvement of obstetricians.

The treating physician should have thorough knowledge of anti-hypertensive drugs which can be used safely and effectively.

One should monitor the BP of the patients even after delivery because they may continue to have high blood pressure even if they are not chronic hypotensives.

Proper clinical exam proper nursing care necessary blood investigations and close monitoring with coordination of all the members of treating team can prevent maternal and fetal mortality in hypertensive disorders of pregnancy.

Future research on the treatment goals depending on the biological, social and economical and racial disparities to be actively undertaken by professional bodies.



Latest concentrate on women's health to prevent preeclampsia eclampsia and postpartum hypertension.

We must spend time and give health education to the family and the woman in particular and maintain records for proper future follow up treatment

Dr. A. Muruganathan
Chief Editorial