شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

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شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

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بعض الوثائق الأصلية تالفة

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شبكة المعلومات الجامعية

بالرسالة صفحات

لم ترد بالأصل

HOSSAM MAGHRABY

Effects of Nursing care on maternal & fetal outcome among Mothers with Pregnancy Induced Hypertension in Assuit University Hospital

تأثير الرعـــاية التمـــريضية على الأم و الطفـــل فى حـــــالات الضغط المرتفع الناتج عن الحمل فى مستشفى أسيـــــوط الجامعي

Thesis of

Submitted for the fulfillment of the requirement for doctorate degree in Obstetrics Gynecological Nursing

In

Obstetrical and Gynecological Nursing

By

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2002

Nadia

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Nadia M. A. Esmail

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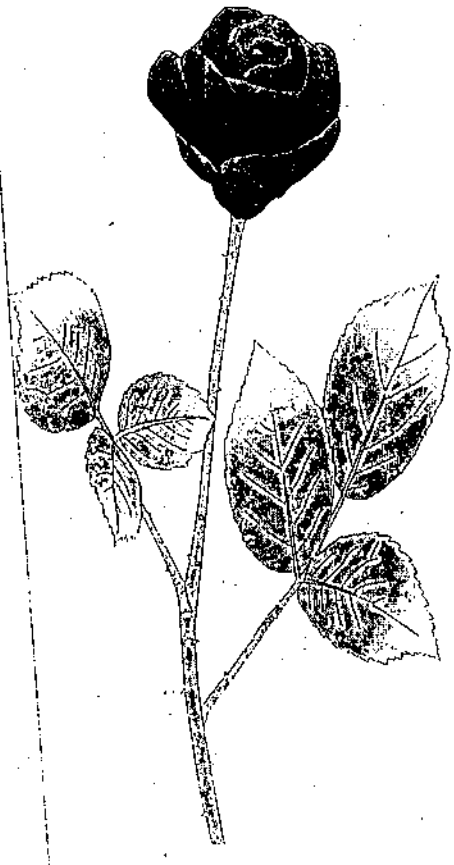
List of Abbreviation

Preeclampsia	***PE***
Pregnancy Induced Hypertension	***PIH***
Intra Uterine Growth Retardation	***IUGR***
Hematocrite	***HCT***
Blood Pressure	***B.P***
Small for Gestational Age	***SGA***
Intra Uterine Fetal Death	***IUFD***
Disseminate Intra-vascular Coagulation	***DIC***
Mean Arterial Pressure	***MAP***
Body Mass Index	***BMI***
Serum Glutamic Oxalacetic	***SgoT***
Magnesium sulphate	***MgSO4***
Supine Pressor Test	***SPT***
Acetylcholine Inhibitors	***Ace inhibitor***
Thromboxane	***TXA2***
Premature Care Unit	***PCU***
Cesarean Section	***C.S.***
Traditional Birth Attendant	***TBA***
American Nurses Association	***ANA***
Increased Intracellular Pressure	***IIP***



To my Family

Pregnancy induced Hypertension

Introduction

The term of pregnancy induced Hypertension was formerly applied to number of conditions manifesting vascular derangement that arises either during pregnancy or during puerperal period. Hypertension, proteinuria and edema characterized these condition pregnancy hypertension was believed to be caused by toxins derived from the products of conception circulating in the blood. However, because these "toxins" have never been identified, the current diagnostic is a multi-organ diseases process that may involve more than elevated Blood pressure. It develops as consequences of pregnancy and regresses in the post partum period (Simpson& creehan, 1996). Four categories of hypertensive disorders of pregnancy are recognized including: a) preeclampsia/ eclampsia, which is a systemic disease that only occurs in pregnancy [eclampsia is a convulsive from], b) chronic hypertension is a hypertension that preceded pregnancy and is due to essential or secondary hyperension; c) chronic hypertension with superimposed preeclampsia; d) transient hypertension, with High Blood pressure in late pregnancy without other signs of preeclampsia and is usually seen on women who later develop chronic hypertension (August, 1999)

Nurses should have a comprehensive knowledge base regarding incidence, pathogenesis pathophysiology, pharmacological therapies, management regimens and possible complications in order to be able to render effective care for PIH patients. PIH is life, threatening events that places both women and fetus at risk for significant morbidity and mortality. The nurse at perinatal setting must quickly assess and identify changes in the maternal, and fetal condition. Comprehensive nursing assessment are essential in recognizing alteration from the normal process