

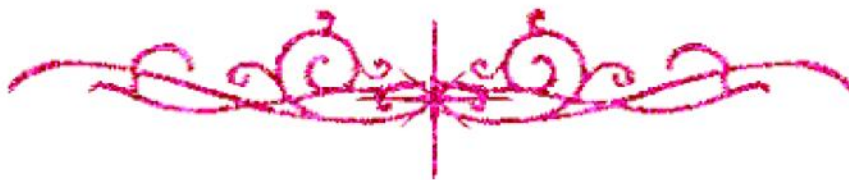
بسم الله الرحمن الرحيم



HOSSAM MAGHRABY



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



HOSSAM MAGHRABY

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

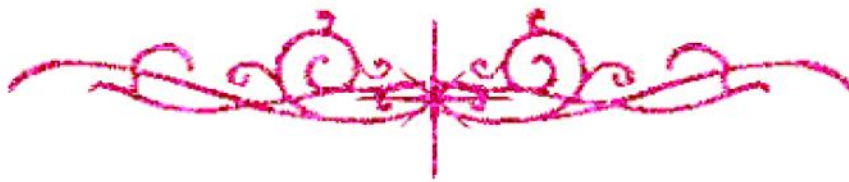
تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



HOSSAM MAGHRABY



بعض الوثائق الأصلية تالفة



HOSSAM MAGHRABY



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 الرعاية التمريضية على الأم و الطفل في حالات الضغط المرتفع الناتج عن

الحمل في مستشفى أسيوط الجامعي

B16481

Thesis of

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

Gynecological Nursing

In

Obstetrical and Gynecological Nursing

By

Nadia Hussien Ahmed

M.S.C.N. Assiut

Assistant lecture of Obstetrics & Gynecology

Nursing Department

Faculty of Nursing

Supervisors

Prof. Sayed Abdel Hamid Abdullah

Chairman of Obstetric & Gynecology

Faculty of Medicine

Assiut University

Prof. Yussria Ahmed El Sayed

Professor of Obstetric & Gynecology of Nursing

Faculty of Nursing

Cairo University

Dr. Sahar Nageib Mohamed

Lecturer Obstetric & Gynecology of

Nursing Department

Faculty of Nursing

Assiut University

2002

Acknowledgment

I wish to express my sincere gratitude to **Prof. Dr: Sayed Abdel Hamid Abdullah** chairman of obstetric& Gynecology; faculty of Medicine, Assiut university, who gave much of his effort and guidance to produce this work Grateful appreciation is expressed to **Prof. Dr. Yusseria Ahmed El sayed** professor of Obstetrics and Gynecology of Nursing, faculty of Nursing, Cairo university and for her advice and suggestions and gave much of her time, effort, and has not only helped me in creation of this work but also introduced me to new dimension in learning my deep thanks are also to **Dr. Sahar Nageib** Mohamed, lecture of Obstetrics Gynecology of Nursing, faculty of Nursing Assiut university, for her Advice and suggestion and gave me mush of her time effort, guidance to produce this work.

Special acknowledgment go to **prof.Dr Shadia Abdel Kader Hassan**, Prof. Obstetrics & Gynecology Department, faculty of nursing Cairo university further she gave me much of her time and guidance to produce this work

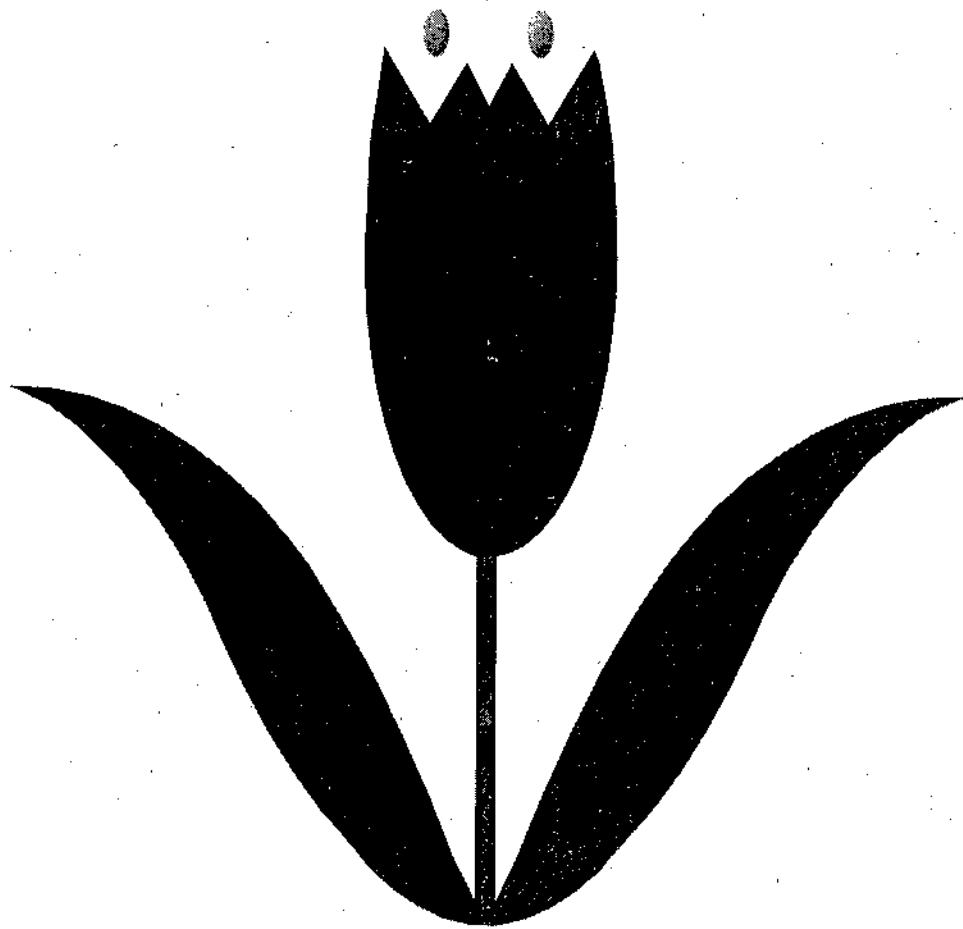
I would like to express may thanks to may husband and my family for their sincere and cooperative during the completion of this work.

Last but not least, I would like to express may thanks to all those who helped me directly or indirectly for accomplishment of this work

Nadia H. A. Esmail

Contents

<i>Abstract.....</i>	<i>1</i>
<i>Introduction.....</i>	<i>5</i>
<i>Review of Literature.....</i>	<i>8</i>
<i>Methodology.....</i>	<i>64</i>
<i>Results.....</i>	<i>72</i>
<i>Discussion.....</i>	<i>107</i>
<i>Summary & Conclusion.....</i>	<i>122</i>
<i>Recommendation.....</i>	<i>125</i>
<i>References.....</i>	<i>128</i>
<i>Appendix.....</i>	
○ <i>Nursing Management and protocol of care for pregnancy induced hypertension</i>	
○ <i>Questionnaire sheet</i>	
<i>Arabic Summary.....</i>	<i>139</i>



Acknowledgement

List of Table

Tables	Page
Table (1): Distribution of mother in study group and control group by age	73
Table (2): Distribution of mother in study group and control group by education	75
Table (3): Distribution of mother in study group and control group according to occupation	77
Table (4): Distribution of mother in study group and control group according to previous pregnancy	79
Table (5): Number and percent distribution of the mothers according to the complication with previous pregnancy and type of complication.	80
Table (6): Distribution of the mothers in study and control group by complication.	82
Table (7): Distribution of mother according to type of medication used during pregnancy in both study and control group in previous pregnancy.	83
Table (8): Complications of previous delivery in both study group and control group.	84
Table (9): Distribution of the mothers in study and control group according to number of antenatal visits during present pregnancy.	85
Table (10): Distribution of the mothers according to the level of the white blood cell, random blood glucose, hemoglobine, creatinine level in both study and control group	89

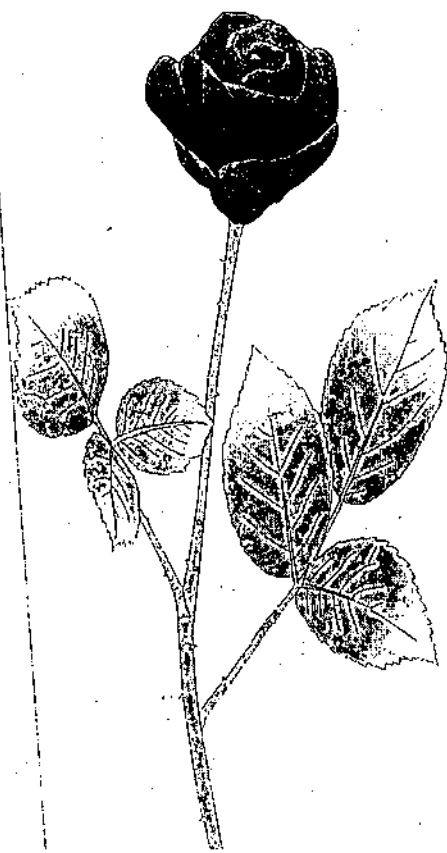
Table (11): Distribution of the mothers in study group and control according to occur of ante partum hemorrhage and blood transfusion.	90
Table (12): Magnesium sulfate and hypotensive therapy during delivery (Aldomet, Tenormine, Inderal).	91
Table (13): Distribution of mothers in study and control group by fetal presentation.	92
Table (14): Distribution of the mothers according to gestational age at delivery.	93
Table (15): Distribution of the mother according to level of oedema before delivery.	95
Table (16): Distribution of mothers in study group and control group according to level of proteinuria in initial visit.	97
Table (17): Distribution of the mothers in study group and control group according to the methods of delivery.	98
Table (18): Distribution of the mothers according to perinatal death.	99
Table (19): Distribution of mothers according sex of the baby.	101
Table (20): Distribution of the mothers according to baby weight.	102
Table (21): Convulsion before and after delivery in both study group and control group.	105
Table (22): Distribution of new born according to Apgor score at first minutes & and at five minutes	106

List of Figures

Figure	page
Figure (1): Etiology of preeclampsia	19
Figure (2): Symptomatology of pre eclampsia and eclampsia	29
Figure (3): Physiology of bed rest	33

List of Abbreviation

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



*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