



CONCLUSIONS

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The present PIH related study focusing on epidemiology, feto-maternal complications, treatment strategy and biomarkers identification come to an end with the following conclusions.

1. The prevalence of PIH in the present study was found to be 7.8%.
2. Clinically, PIH was more common in women with primigravida, multiple gestations, history of missed abortion and history of treatment for infertility, but independent of age, weight and socio economic status as risk factors.
3. Considering effectiveness on fetal and maternal complications, all antihypertensive drugs may not be effective enough to rule out maternal-perinatal morbidities. However, the incidences of prematurity, intrauterine growth retardation, occurrence of eclampsia and rate of caesarean section in the mother were identical with alpha methyldopa and labetalol.
4. The pilot study on analysis of cytokine levels indicate trend in elevation of pro-inflammatory biomarkers like IL-1, IL-4, IF- γ IL-6, IL-12, and IL-13 in hypertensive group where as decrease in VEGF and TNF- α in women with PIH as compared to normotensive pregnant women. Although, because of smaller sample size the results were inconclusive, further studies will certainly provide direction to develop biomarker panel for and early detection of the problem of PIH-induced complications and thereby its prevention.