

# Hypertensive Disorders in Pregnancy

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## Foreword

Hypertensive disorders are the most common medical disorders during pregnancy, with an estimated incidence of 10% to 15% of all pregnancies. This incidence is increasing because of the epidemic of increased rate of obesity as well as the increased rate of pregnancies to women at age beyond 35 years. These disorders are also a major cause of maternal and perinatal mortalities, and morbidities in many developing countries. During the past decade, several national and international organizations have published new guidelines regarding the definitions, classifications, prevention, and management of hypertensive disorders. For example, preeclampsia can now be diagnosed in the absence of proteinuria in women with hypertension in association with either maternal symptoms or abnormal laboratory findings. In addition, preeclampsia is now classified as preeclampsia with or without severe features, implying that there is no mild preeclampsia anymore. Moreover, several prospective studies and randomized trials have been published dealing with prediction, risk stratification, prevention, and management of various hypertensive disorders of pregnancy. Several biomarkers were evaluated early and later in gestation to predict, rule out, or diagnose preeclampsia. Also, randomized trials were performed evaluating use of antithrombotic agents or pravastatin for prevention of recurrent preeclampsia, timing of delivery in women with gestational hypertension or preeclampsia, tight versus less tight control of maternal blood pressure in pregnancies with chronic hypertension or gestational hypertension, and novel therapy to prolong gestation and improve pregnancy outcome in preterm preeclampsia. Finally, several guidelines and bundles are introduced for treatment of acute severe hypertension in pregnancy and postpartum and counselling and management of preeclampsia with severe features at < 28 weeks gestation, and diagnosis, management, and follow-up of women with hemolysis, elevated liver enzymes, and low platelets syndrome in association with subcapsular liver hematoma.

This issue contains detailed reviews and recommendations for management of the above topics by experts in this area from the United States and from Europe. I am sure that the readers will found these reviews to be helpful to improve pregnancy outcomes in their patients.

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*The authors declare that they have nothing to disclose.*