Hypertension and Renal Disease
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Hypertension

Hypertensive disorders are a leading cause of complications in pregnancy, globally. In the developing world, they account for significant maternal and neonatal morbidity and mortality. Hypertension is defined as persistent blood pressure with systolic readings of 140 mmHg or more and diastolic readings of 90 mmHg or more.

The classification includes chronic hypertension that pre-dates the pregnancy and Pregnancy-induced or gestational hypertension that develops after 20 weeks gestation and resolves after delivery. Complications of hypertensive disorders include fetal growth restriction, abruption, still birth, pre-eclampsia and prematurity. The aim of anti-hypertensive treatment is to reduce maternal end-organ damage. However, the challenges faced in management include under-utilisation of maternity services in low-resource settings and a failure to reach a consensus on disease classification and timing of treatment.

Renal Disease in Pregnancy

Severe forms of renal disease may be associated with infertility; however with advances in medicine, more patients now embark on pregnancy that would not have done so in the past. Renal disease continues to be an important cause of maternal and neonatal morbidity. The condition may be classified by the extent of renal injury, creatinine clearance or by serum creatinine levels. As disease severity worsens so does the incidence of adverse neonatal and maternal outcomes. Proteinuria, hypertension, prematurity, pre-eclampsia, and permanent renal impairment are recognisable complications.

Management is best performed by a multi-disciplinary team and relies heavily on pre-conception counselling, identifying disease severity, close fetal surveillance, control of blood pressure and timely delivery.