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## O impacto no resultado perinatal do acompanhamento pré-natal de gestantes com hipertensão arterial em centro de referência

Impact on perinatal outcome of prenatal monitoring of pregnant women with arterial hypertension at a reference center

## Resumo de Tese

## Keywords

Pregnancy, High-Risk Hypertension Pre-Eclampsia Prenatal Care Pregnancy Outcome

## Palavras-chave

Gravidez de alto risco Hipertensão Pré-eclâmpsia Cuidado pré-natal Resultado da gravidez

Dissertação apresentada ao Curso de Mestrado Profissional em Saúde Materno-Infantil, como requisito para obtenção do grau de Mestre em Medicina. Área de Concentração: Saúde da Mulher e da Gestante, em 18 de abril de 2013. PURPOSE: To analyze the importance of antenatal care in pregnant women with hypertension, correlating maternal and perinatal outcomes by level of care received. Methods: a retrospective study of 210 pregnant women hospitalized for hypertension at the Hospital Universitario Antonio Pedro (HUAP) between July/01/2008 and June/30/2011 was conducted. Initially, a comparison was made between the patients who underwent adequate prenatal care (at least four visits) and those who did not have access to the same level of assistance. Later, a comparison was made between the results of pregnant women who had received prenatal care at HUAP and those who received medical care in other health units. RESULTS: It was found that women who were not assisted during pregnancy were hospitalized earlier (gestational age=33 weeks), stayed in hospital longer (7 days) as compared to those who underwent antenatal care (gestational age=37 weeks / 4 days). Among the newborns (NB) of the patients we found a significant difference between those who did not receive adequate care and those who did in terms of lower gestational age, increased risk of neonatal morbidity and fetal mortality (11.8 against 1.1% fetal death), more admissions to neonatal ICU with longer stay (23 and six days respectively), and higher incidence of NB's considered small for their gestational age (RR 1.67, 95%Cl 1.08-2.58). As to the different health units where prenatal care was conducted, there were no significant difference in the results except in birth weight. CONCLUSION: Ntenatal care reduces the risk of maternal and fetal complications associated with gestational hypertension. However, no significant differences were observed with respect to the medical facilities in which the care was received.