



INVESTIGATE THE BLOOD AWARENESS OF BLOOD PRESSURE LEVELS BEFORE AND DURING PREGNANCY

Eleni Karanasiou¹ and Thaleia Karnava²

¹Physiotherapist at General Gynecological - Maternal Hospital of Athens "Elena Venizelou" - Greece.

² Nurse at Amfissas General Hospital- Greece.

ABSTRACT

The anticipation of a new life is a joyous event which however may cause unsafe situations that might endanger both themselves and the fetuses. The factors that affect good pregnancy outcomes and ensure the health of the mother and infant are many and require the complete information from the doctor for this new situation and from the pregnant mother herself via the internet or scientific books, the benevolent cooperation of the pregnant woman by adopting a healthy lifestyle and maintaining the ideal body weight.

Aim: The aim of this study was to investigate the awareness of blood pressure before and during pregnancy by pregnant women as well as the factors of pathological increase.

Material and Methods: The total study population consisted of a random sample of 318 pregnant women from one Hospital, specifically the Public Obstetrics and Gynaecology Hospital of Athens "Elena Venizelos". For the collection of data, a questionnaire was designed consisting of 18 theoretical questions, based on the literature review. The collection was carried out during the attendance of women at a scheduled appointment with their personal physician. The statistical analysis of the results was performed using stepwise multiple regression; this was achieved by selecting a question of the survey as the dependent variable while some responses were chosen to be the independent factor by the demographic data.

Results: According to the results of the questionnaire it was found that a proportion but not the majority of pregnant women adapt to this new situation and assume a new way of life of watching their diet (61%), limiting smoking (29% smokers – 12% of them smokes minimum), but a large number of them were unaware of preeclampsia (46%) and especially whether an increase in blood pressure occurs in preeclampsia (45%), leg edema (56%) and albuminuria (74%), while 77% of them do not know what is albuminuria and this is directly linked to the level of education, age and ethnicity.

Conclusions: It was found that a large number of the sample ignores the complications of pregnancy and the development of these predisposing factors. The main disadvantage of this study is that there was not a random sample of people asked. Although the number of participants was more than sufficient, the survey took place only in a certain nursing institution. Thus, in the future it is proposed that a similar survey should be conducted in various nursing institutions



KEYWORDS: blood pressure, preeclampsia-eclampsia, gestational hypertension predisposing factors, obesity and pregnancy, caffeine and pregnancy, gestational hypertension treatment, complications of pregnancy.

REFERENCES

1. American College of Obstetricians and Gynecologists (ACOG), (2005). Smoking Cessation during Pregnancy. ACOG Committee Opinion, number 316. *Obstet Gynecol* 2005; 106(4):883-8.
2. Bakker R, Steegens EA, Raat H, Hoffman A, and Jaddoe V (2011). Maternal caffeine intake blood pressure and the risk of hypertensive complications during pregnancy. The generation R Study. *Am J Hypertens* 2011; 24(4):421-8.
3. Bech BH, Obel C, Henriksen TB and Olsen J (2007). Klausner C, Bufkin L, May L (2005). Effect of reducing caffeine intake on birth weight and length of gestation: Randomized trial. *BMJ* 2007; 334(7590):409.
4. Benedetto C, Marozio L, Tancredi A, Picardo A, Nardolillo P, Tavella AM and Salton L (2011). Biochemistry of HELLP syndrome. *Adv Clin Chem* 2011; 53:85-104.
5. Bodnar LM et al (2007). Maternal vitamin D deficiency increases the risk of preeclampsia. *Journal of Clinical Endocrinology and Metabolism* 2007; 92(9):3517-22.
6. Bolton, Sanford Gary Null (1981). Caffeine: Psychological Effects, Use and Abuse. *Orthomolecular Psychiatry* 1981;10(3): 202–211.
7. Bonilla C et al (2012). Vitamin B-12 status during pregnancy and child's IQ at age 8: a Mendelian randomization study in the Avon longitudinal study of parents and children. *PloS One* 2012; 7(12):e51084
8. Borroughs AK (1998). Pregnancy and liver disease. *Forum Genova* 1998; 8(1):42-58.
9. Bracken MB et al (2003). Association of Maternal Caffeine Consumption with Decrements in Fetal Growth. *American Journal of Epidemiology* 2003; 157(5):456-466.
10. Brown MA, Hague WM, Higgins J et al (2000). The detection, investigation and management of hypertension in pregnancy: executive summary. *Aust N Z J Obstet Gynaecol* 2000; 40:133-138
11. Brown CM et al (2013) Hypertension in pregnancy is associated with elevated C-reactive protein levels later in life. *J Hypertens* 2013 Sep 11.
12. Capeless Clapp JF(1989). Cardiovascular changes in early phase of pregnancy. *Am J Obstet Gynecol* 1989; 161(6 Pt 1):1449-53.
13. Carr CA (2001). Evidence-based diabetes screening during pregnancy. *J Midwifery Womens Health* 2001; 46(3):152-158.
14. Casey BM, Lucas MJ, McIntire DD, Leveno KJ (1997). Pregnancy Outcomes in Women with Gestational Diabetes Compared with the General Obstetric Population. *Obstet Gynecol* 1997; 90(6):869-73.
15. Cifkova Renata, (2011). Why is the treatment of hypertension in pregnancy still so difficult? *Expert Rev Cardiovasc Ther*, 9(6):647-649.
16. Cipolla MJ (2007). Cerebrovascular function in pregnancy and eclampsia. *Hypertension*. 2007;50:14-24.
17. Clausson B et al (2002). Effect of Caffeine Exposure During Pregnancy on Birth weight and Gestational Age. *American Journal of Epidemiology* 2002; 155(5):429-436.
18. Cohen G, Vella S, JefferyH, Lagercrantz Hand Katz-Salamon M, (2008). Cardiovascular Stress Hyperreactivity in Babies of Smokers and in Babies Born Preterm Circulation 2008; 118(18):1848 – 1853.
19. Conde-Agudelo A, Villar J, Lindheimer MD (2004). World Health Organization systematic review of screening tests for prediction of preeclampsia. *Obstet Gynecol* 2004; 104(6):1367-91.
20. Cornelis MC and El-Sohemy A (2007). Coffee, caffeine and coronary heart disease. *Current Opinion in Lipidology* 2007; 18(1):13-9