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Pregnancy-specific hypertensive disease

Doença hipertensiva específica da gravidez – DHEG

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***Abstract*—** *Pregnancy-specific hypertensive disease (DHEG) is characterized by the symptomatic triad of hypertension, proteinuria, and edema in pregnant women with normal blood pressure after 20 weeks of pregnancy. The aim of the research was to analyze the literature at 20-year intervals that talk about the disease. The methodology is a comprehensive review that focuses on the investigation, description and analysis of scientific results published in major nursing journals on the subject of nursing between 2000 and 2021. Results: Hypertension syndrome during pregnancy is an important complication of pregnancy it is a major cause of maternal and fetal morbidity and death, especially in developing countries. Diagnosis can be clinical, laboratory and imaging. Imaging exams are important as they help in tracking them. The confirmation of pre-eclampsia is based on laboratory data from hemolysis, increased rates of TGO, Pyruvic Glutamic Transaminase (TGP) and Lactado Dehydrogenase (LDH) and low platelet count. It is concluded that pregnant women with DHEG are fragile and require great attention from health professionals, as they have a high risk of complications and sometimes need to be transferred to the intensive care unit, taking into account the risks for mothers, fetuses and newborns.*

***Resumo*—** *A doença hipertensiva especifica da gravidez (DHEG) é caracterizada pela tríade sintomática de hipertensão, proteinúria e edema em mulheres grávidas com pressão arterial normal após 20 semanas de gravidez. O objetivo da pesquisa foi analisar literatura com intervalos de 20 anos que falam sobre a doença. A metodologia trata-se uma revisão abrangente que enfoca a investigação, descrição e análise dos resultados científicos publicados nas principais revistas de enfermagem sobre a temática de enfermagem entre 2000 a 2021. Resultados: A síndrome de hipertensão durante a gravidez é uma complicação importante da gravidez é uma das principais causas de morbidade e morte materna e fetal, especialmente nos países em desenvolvimento. O diagnóstico pode ser clínico, laboratorial e por imagem. Os exames de imagem são importantes, pois auxiliam no seu rastreamento. A confirmação da pré-eclâmpsia é baseada nos dados laboratoriais a partir da hemólise, elevação das taxas de TGO, Transaminase Glutâmica Pirúvica (TGP) e Lactado*

Desidrogenasse (LDH) e baixa contagem de plaquetas. Conclui-se que as gestantes com DHEG são frágeis e requerem grande atenção dos profissionais de saúde, pois apresentam alto risco de complicações e, às vezes, precisam ser transferidas para a unidade de terapia intensiva, levando em consideração os riscos para as mães, fetos e recém-nascidos.

I. INTRODUCTION

Pregnancy-specific simple hypertension (DHEG) is characterized by the symptomatic triad of hypertension, proteinuria, and edema in pregnant women with normal blood pressure after 20 weeks of pregnancy. In addition to termination of pregnancy, it is an incurable disease and can progress to more complex diseases such as eclampsia, HELLP syndrome (hemolysis, increased activity of liver enzymes, thrombocytopenia) or DIC (diffuse intravascular coagulation) (DUSSE et al., 2001).

Hypertension (AH) is considered a serious public health problem, as millions of people are affected by this disease. According to observations, about 5% to 10% of pregnant women in Brazil suffer from arterial hypertension, being more common in pregnant women - Eclampsia, chronic hypertension or women who do not leave. It was confirmed that about 65% of them died as a result of this, which is considered a common disease in high-risk pregnant women, and has a significant impact on the still considered high maternal and perinatal morbidity and mortality (BRASIL, 2014; REINERS et al., 2009). Hypertension is the most relevant medical complication during pregnancy and childbirth. The term "hypertension in pregnancy" is often used to describe patients with mild to severe hypertension accompanied by various organ dysfunctions. Although the clinical manifestations may be similar, they can be caused by different reasons (BEZERRA et al., 2005).

When determining the manifestations of hypertension during pregnancy, prepregnancy hypertension must be differentiated from its specific symptoms. First, high blood pressure is the basic pathophysiological feature of the disease, and second, it is the result of the mother's body's poor adaptability to pregnancy. Hypertension is just one of its manifestations. The effects of these two conditions on the mother and fetus and their control are completely different (PERACOLI and PARPINELLI, 2005).

Diagnosis can be clinical, laboratory and imaging. Imaging exams are important as they help in tracking them. The confirmation of pre-eclampsia is based on laboratory data from hemolysis, increased rates of TGO, Pyruvic Glutamic Transaminase (TGP) and Lactado Dehydrogenase (LDH) and low platelet count. This pathology brings serious complications such as acute renal failure, however, it can be reversed in the puerperium if there is no tissue necrosis. There is no specific nursing intervention to prevent PE, however, care is based on the evolution of the condition, involving, in addition to the medical and nursing staff, several other professionals (SANTOS, 2018).

Pregnancy toxemia, currently called pregnancy-specific hypertension (DHEG), is the most relevant medical complication of postpartum pregnancy. It is characterized by a triad of symptoms in pregnant women with normal blood pressure after the 20th week of pregnancy: hypertension, proteinuria and edema (ANGONESI & POLATO, 2007). DHEG can harm the health of mothers and children, especially when serious illnesses occur. Studies prove some of the factors that contribute to this process, focusing on: unstable socioeconomic conditions, maternal weight before and during pregnancy, early pregnancy, low education, inadequate prenatal care and risk behaviors such as alcohol consumption (MOTTA ET AL., 2005).

At this stage, the disease is asymptomatic and its diagnosis depends only on physical examination and laboratory data of the pregnant woman, but its evolution can lead to more severe forms such as eclampsia and HELLP syndrome (SOUZA et al., 2011; FEBRASGO, 2011). According to the Ministry of Health and the Brazilian Federation of Associations of Obstetricians and Gynecologists (FEBRASCO), pregnant women at higher risk of DHEG are non-parturients, twin pregnant women, obesity, previous hypertension, family history, gestational diabetes and kidney disease (BRASIL, 2010; FEBRASGO, 2011).

given the above, the general objective of the research was to analyze literature on HDEG with 20-year intervals that talk about the disease.

II. MATERIALS AND METHODS

This study is a comprehensive review that focuses on the investigation, description and analysis of scientific results published in the main nursing journals on the subject of nursing, DHEG and intensive care.

The selection of articles was carried out through the online electronic scientific library (Scielo), Academic Google and the virtual health library database, through the health sciences descriptor (Decs): Nursing, Hypertension

and Pregnancy . For selection, the following inclusion criteria were followed: language of publication (Portuguese, Spanish and English), deadline, 2000 and 2021.

The bibliographic search also uses official documents such as laws, reports, technical manuals and book chapters related to the subject available on the Ministry of Health website.

Bibliographic works without full texts and those that do not allow for an in-depth reflection of the area of nursing on the subject in question are excluded. Data analysis is performed through the description of research and information, analysis of results, compilation of results and evaluation of results on the proposed topics.

III. LITERATURE REVIEW

Arterial hypertension

Hypertension syndrome during pregnancy is an important complication of pregnancy and is a major cause of maternal and fetal morbidity and death, especially in developing countries (MOURA et al., 2011).

Systemic arterial hypertension (SAH) is a clinical condition characterized by continuous levels of systolic blood pressure (≥140mmHg) and diastolic blood pressure (≥90mmHg). When the patient is at rest in a sitting position, the right upper limb is treated twice regularly at intervals between 4 to 6 hours, at least 2 weeks (ANDRADE et al., 2015; TOWNSEND et al., 2016).

Divided into primary (essential) or secondary, depending on the origin, it is idiopathic primary, and the secondary is derived from other diseases, such as diabetes, obesity and dyslipidemia. Both require careful laboratory control, medication and, in some cases, even surgery (ANDRADE et al., 2015; SIQUEIRA et al., 2017). SAH is a disease with high morbidity and mortality, responsible for almost half of the Brazilian population and with an increasing mortality rate worldwide, being classified as a longitudinally progressive pandemic (ANDRADE et al., 2015; RIBEIRO et al., 2015).

The main epidemiological risk factors for SAH are excessive sodium intake, family history, race, diabetes, obesity, hypothyroidism, nervousness, drinking, irregular diet, sedentary lifestyle, psychological factors, dyslipidemia, smoking and smoking. Socioeconomic, social environment and culture (ANDRADE et al., 2015; RIBEIRO et al., 2015; DUTRA et al., 2016).

Among pregnant women, the prevalence of SAH is equally high, considering the existing and those who experienced this condition during pregnancy. SAH has a high incidence in Brazil and worldwide, is present in pregnant women of all ages, being the main cause of maternal death in obstetrics (KINTIRAKI et al., 2015; TOWNSEND et al., 2016; SILVA et al., 2017). Research carried out in Helsinki, Finland and Greece revealed that children of mothers who currently suffer from complications of hypertension during pregnancy may suffer from cognitive impairment, mental problems and metabolic syndrome in the future. The biggest trend (KINTIRAKI et al., 2015; TOWNSEND et al., 2016). Important public and women's health issues, affecting more often primiparous women, prolific women in the third trimester, obese pregnant women and women with a family history of arterial hypertension.

Pregnancy-specific hypertensive disease – HDEG

Pre-existing hypertension during pregnancy can be diagnosed before conception or at week 20. After this date and 42 days after delivery, it is considered pregnancy-specific hypertension (DHEG) (RIBEIRO et al., 2015; KINTIRAKI et al. , 2015; TOWNSEND et al., 2016). The data provided here clarify (MELO et al., 2016; SILVA et al., 2017) that the Ministry of Health defines high-risk pregnancy as the situation in which the life or health of the mother or fetus / newborn is at risk (BRASIL, 2012; MELO et al., 2016; SILVA et al., 2017).

The main complications of hypertension during pregnancy include miscarriage, premature birth, fetal growth restriction, placental detachment, fetal distress and major organ diseases after birth (ALZATE et al., 2015; OLIVEIRA & GRACILIANO, 2015; MELO et al., 2015; al., 2016).

However, the most serious situation is when the disease progresses to pre-eclampsia, eclampsia or hemolytic syndrome, elevated liver enzymes and low platelet count (HELLP), all syndromes of high risk to maternal life (COUTINHO et al., 2014; MORAIS et al., 2015). Therefore, it is important to study which epidemiological factors cause SAH in pregnant women.

Nursing care for pregnant women and postpartum women with pre-eclampsia and/or eclampsia

Pre-eclampsia is a condition that can occur after the 20th week of pregnancy, during childbirth and up to 48 hours after childbirth. It affects approximately 5 to 8% of all pregnancies and is a rapidly progressing disease characterized by increased blood pressure (BP) tension and the presence of proteinuria. Some signs may indicate this, such as: presence of edema, especially on the face, around the eyes and hands; increased weight gain; nausea and/or vomiting; epigastric pain radiating to the upper extremities; headaches and vision changes (blurred vision and/or blurred vision); hyperreflexia, shortness of breath

and anxiety. However, this disease tends to evolve silently, that is, there are no indicative signs (WHO, 2013).

According to Ferreira et al (2016) the pre-eclampsia rate affects about 10% of primiparous pregnant women. The identification of signs and symptoms is very important so that the health team can act in order to provide quality care. The degree of complications will not affect the lives of more pregnant women or even their children.

Eclampsia is characterized by seizures in women and pre-eclampsia during pregnancy does not include other differential diagnoses such as epilepsy, meningitis and sepsis (WHO, 2005).

It is understood that the care provided by the nursing team based on the completion of rigorous scientific methods is the gold standard of medical care (EDWARD & MILLS, 2013). This method can improve the treatment effect of patients, provide better quality of care, minimize the cost due to reduced morbidity and mortality and iatrogenicity, and improve the safety and reliability standards of medical institutions.

Care for women during pregnancy is very important to them, as this type of assistance becomes the ideal choice for nurses to practice their technical and scientific knowledge, as it can promote continuous care for pregnant women. The objective is to determine health needs, determine prioritizing, planning, implementing and evaluating appropriate care actions to improve the quality and effectiveness of care (AGUIAR, 2010).

The nursing team plays an important role in prenatal care, in order to correctly and early determine which patients are more likely to have an unfavorable evolution of the disease, and the woman is welcome from the beginning of the pregnancy. One of the most important treatment methods is to instruct these pregnant women to eat healthily, practice light physical exercise and conduct adequate prenatal counseling (SANTANA et al., 2010).

Prenatal care (PN) is the monitoring of pregnant women by qualified professionals able to receive the pregnant woman and provide comprehensive and quality care. From the first day of pregnancy until delivery, in order to provide a better quality of life for pregnant women and children. Therefore, professionals who treat pregnant women must understand the physical factors, various emotions, economy and family factors, because these factors will affect women's adherence to PN counseling, thus affecting the quality of follow-up (PEIXOTO, 2011).

During pregnancy, some complications can be life-threatening for the mother and/or baby, constituting an emergency that requires immediate intervention. The physiological and anatomical changes of pregnancy can interfere with the assessment of pregnant women, and it is necessary that health professionals understand this knowledge so that they can carry out the correct assessment and provide adequate care (QUEROZ, 2012).

Therefore, among the professionals who received training for prenatal care for adequate care, nursing stands out, with a focus on nursing, so that they can do things for the human being that they cannot do on their own, that is, provide help or assistance in situations where parts of it cannot be done. Self care, guide or teach, supervise or recommend other professionals. It should be emphasized that the treatment of these patients depends largely on care, that is, patients with pre-eclampsia need quality care that meets their needs (SANTOS, 2018).

IV. FINAL CONSIDERATIONS

It is concluded that pregnant women with DHEG are fragile and require great attention from health professionals, as they have a high risk of complications and sometimes need to be transferred to the intensive care unit, taking into account the risks for mothers, fetuses and newborns.

Medical care for these women includes multidisciplinary care, especially nursing, which plays an important role in the provision of nursing care, through an accurate diagnosis, interventions tailored to their needs can be implemented so that the professional nurse can provide a quality assistance.

However, there is a need for maternal care, which is an ideal model for nursing professionals to apply all their technical-scientific knowledge to determine health needs, determine priorities, plan, implement and implement. Evaluate the appropriate care actions, aiming to promote better quality and more humanized care.

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