ABSTRACT

Objectives:

The study aims at testing the hypothesis that women with serum b-hCG levels and lipid profile in early second trimester have risk of developing pregnancy induced hypertension.

Methods:

Serum beta-hCG estimation was done by enzyme linked immunosorbent assay (ELISA) method and serum lipid profile was done by Enzymatic Colorimetric Test with Lipid Clearing Factor(LCF) in 150 pregnant women between 14 and 20 weeks of gestation.

RESULTS:

Out of 150 patients, only 83 cases developed PIH whereas the remaining 67 cases were normotensives. From this study, the following conclusions have been arrived which are different from the previous studies that need large sample size to bring about these parameters as predictors of pregnancy induced hypertension.

Among the various factors as mentioned above( which influence the incidence of pregnancy induced hypertension), five are only significantly related to PIH in my study.
1. Of the 150 patients, 66 had pedal edema & nearly 49 developed pih (p-0.004).

2. The Mean+ SD of the total cholesterol levels were significantly related to pih-
   {by Unpaired t-test, the p-value-0.013, with PIH-229.33; Normotensives-203.51}.

3. By Unpaired t-test, the Mean+SD of the HDL was indirectly related to PIH (p-value-0.0012).

4. The Mean+- SD of the LDL levels were significantly related to PIH by Unpaired t-test (p-0.05).

5. The Mean +_ SD of the beta hCG were directly related to PIH according to gestational age included in this study {i.e. 72,044.9+_23,649 in PIH and 58,317.37+_19,486 in Normotensives}.

**CONCLUSIONS:**

Maternal dyslipidemia and elevated maternal serum beta hCG at second trimester that are very good non-invasive predictors of pih. However, in my study beta hCG, HDL, LDL, TOTAL CHOLESTEROL are significantly related to PREGNANCY INDUCED HYPERTENSION.