SUMMARY AND CONCLUSION

The hypertensive disorders in pregnancy are common complications of gestation and form one of the great complications that continue to be responsible for the majority of maternal deaths (Brazy et al., 1982).

Hypertensive disorders are one even more important cause of perinatal and neonatal mortality and severe morbidity (Pritchard et al., 1985).

Pregnancies complicated by severe preeclampsia / eclampsia are associated with increased incidence of premature delivery, small for gestational age infants, perinatal asphyxia and abruptio placentae (Sibai et al., 1981 and Weinstein, 1982).

Other reports indicated the presence of abnormal hematological findings as thrombocytopenia, leucopenia and neutropenia in infants of severely preeclamptic and eclamptic mothers (Manroe et al., 1979 and Kleikner et al., 1982). Infants of hypertensive mothers had significantly high hematocrit values (Brazy et al., 1982).

The coagulation factors were considerably reduced in infants of preeclamptic mothers. This was manifested by prolonged prothrombin time, reduced prothrombin proconvertin, reduced factor V level, reduced fibrinogen and prolonged partial thromboplastin. (Nielson, 1969).

The present work was carried out on 2 groups of infants delivered at Damanhour hospital.

Group I: Included 40 infants of hypertensive mothers.

Group II: Included 10 infants of normotensive mothers as controls.

The aim of this work was to study some coagulation and liver function parameters in cord blood of infants of hypertensive mothers in view of the maternal morbidity and increased perinatal mortality in infants of hypertensive mothers and also in view of previous studies that have indicated some changes in the coagulation process in these infants (Weinstein, 1985). It was felt that there is need for further research and investigation in these aspects.

The studied cases were subjected to:

Thorough clinical examination and the following laboratory investigations:

- Complete blood picture.
- Some liver function tests:

  SGOT.

  SGPT.

  Serum alkaline phosphatase.

  Serum bilirubin.
- Prothrombin time.
- Partial thromboplastin time.
- Level of PC in plasma.

The result of this work showed that:

There was statistically significant decrease in haemoglobin, total leucocytic count and platelets in infants of hypertensive mothers compared to healthy controls. Also there was statistically significant decrease in total neutrophils percentage (Neutropenia), and segmented cells percentage in IHM compared to healthy controls.

There was statistically significant increase in SGOT, SGPT, alkaline phosphatase, total and indirect bilirubin in infants of hypertensive mothers compared to healthy controls.

There was statistically significant decrease in prothrombin activity and increase in partial thromboplastin time in IHM compared to healthy controls.

There was statistically significant decrease in PC activity in infants of hypertensive mothers compared to healthy controls. In healthy controls PC activity represented 58.95% of adult value. In infants of hypertensive mothers PC activity represented 40.62% of adult value.

From all previous data we can conclude that in infants of hypertensive mothers, there were leucopenia, neutropenia, thrombocytopenia, elevated liver enzymes, hyperbilirubinemia, prolonged PT and PTT, and decrease PC activity. So, extreme care in delivery of IHM for fear of intracranial hemorrhagic complication.