CHAPTER - III

AIM AND OBJECTIVES
The aim of the study was to compare the efficacy, safety, maternal and neonatal outcome of methyldopa, nifedipine and labetalol in pregnancy induced hypertension by the following objectives.

1. To analyse base line characters and pre-treatment risk factors of PIH patients between the treatment groups.

2. To evaluate and compare efficacy of antihypertensive agents in mild and severe PIH
   - By measuring the blood pressure and proteinuria during the treatment period. Control of blood pressure would is assessed separately for systolic, diastolic and mean arterial pressure (MAP) individually for methyldopa, nifedipine and labetalol treatment groups and compared.

3. To evaluate and compare advancement of gestational age in treatment groups, based on extra days added to pregnancy.

4. To study and compare perinatal outcome in treatment groups, by recording the following parameters.
   - Apgar score at ‘0’ minute and 5th minute of birth
   - Gestational age
   - Perinatal mortality, neonatal mortality and morbidity
   - Birth weight based on gestational age
   - Birth weight
   - Frequency of IUGR, NICU admissions, and preterm births etc.

5. To study and compare obstetric outcome based on indications for delivery and mode of delivery.
6. To study and compare maternal outcome based on development maternal complications in treatment groups.

7. To assess and compare safety of drugs.
   - By recording side effects of the drugs during the treatment period in treatment groups

8. To study and compare biochemical parameters of PIH, estimated during the treatment period.

   Following biochemical parameters are to be estimated in treatment groups and compared.
   - Complete blood cell count
   - Blood urea
   - Serum creatinine
   - Serum uric acid
   - Enzymes of liver injury such as serum alanine aminotransferase (ALT) and aspartate aminotransferase (AST) levels, serum lactate dehydrogenase (LDH) levels and an indirect bilirubin

9. To study and assess need of additional drugs required during acute hypertensive episodes.