

CODEN [USA]: IAJPBB

ISSN: 2349-7750

# INDO AMERICAN JOURNAL OF PHARMACEUTICAL SCIENCES

http://doi.org/10.5281/zenodo.1012332

Available online at: <u>http://www.iajps.com</u>

**Review Article** 

## THE RELATIONSHIP BETWEEN HEMOGLOBIN AND HEMATOCRIT IN THE FIRST AND SECOND TRIMESTER OF PREGNANCY AND THE INCIDENCE OF PREECLAMPSIA Fateme parooei <sup>1</sup>, Mahmood Anbari <sup>2</sup>, Morteza Salarzaei <sup>1\*</sup>

<sup>1</sup>Medical student, Student Research Committee, Zabol University of Medical Sciences,

Zabol, Iran

<sup>2</sup> Zabol University of Medical Sciences, Zabol, Iran

### Abstract:

**Introduction**: Hypertensive disorders during pregnancy is one of the most important complications of pregnancy that account for three most important causes of maternal mortality together with hemorrhage and infection.

**Methods:** In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify The relationship between hemoglobin and hematocrit in the first and second trimester of pregnancy and the incidence of preeclampsia. In this review, the papers published until early January 2017 that were conducted to study The relationship between hemoglobin and hematocrit in the first and second trimester of pregnancy and the incidence of preeclampsia were selected.

**Results**: Early diagnosis of preeclampsia is one of the most important functions of pregnancy cares. However, there is still no reliable criterion for the early diagnosis of this disease Based on the existing evidences of the pregnancies resulted in preeclampsia, the vascular wall of the spiral arteries is muscular and thick and the invasion into the trophoblast is incomplete.

**Discussion and Conclusion:** If hematocrit level of the first trimester is more than 43%, it has to do with the preeclampsia at the end of the third trimester. Every year, 75 thousand maternal deaths occur owing to hypertensive disorders. Although numerous studies have been conducted on this disease, its cause is still unknown.

Key words: hemoglobin shematocrit sfirst trimester spregnancy

# **Corresponding author:**

MortezaSalarzaei,

Medical student, Student Research Committee, Zabol University of Medical Sciences, Zabol, Iran Email: <u>mr.mortezasalar@gmail.com</u> Tell : +989120644917



Please cite this article in press as MortezaSalarzaei et al, **The Relationship between Hemoglobin and Hematocrit in the First and Second Trimester of Pregnancy and the Incidence of Preeclampsia**, Indo Am. J. P. Sci, 2017; 4(10).

### **INTRODUCTION:**

Hypertensive disorders during pregnancy is one of the most important complications of pregnancy that account for three most important causes of maternal mortality together with hemorrhage and infection (1). Every year, 75 thousand maternal deaths occur owing to hypertensive disorders. Although numerous studies have been conducted on this disease, its cause is still unknown (2). Although some risk factors have been reported for preeclampsia, this disease is only diagnosed with its own clinical presentations and it is often diagnosed late. Over the past few years, a special attention has been given to risk factors to prevent preeclampsia (3). The relationship between high levels of hemoglobin and hematocrit in the first trimester as the risk factors or predicting factors of preeclampsia in the subsequent weeks of pregnancy has been studied in several studies (4). Naturally, in the second trimester of pregnancy, increased volume of plasma occurs, and as a result, hemoglobin and hematocrit levels reduce (5). The lack of this decrease or increase of hemoglobin or hematocrit levels is likely to be associated with increased preeclampsia (6). The relationship between the contraction of maternal hemoglobin in the second trimester and preeclampsia has been indicated in a number of studies. (7)

#### **METHODS:**

In this review article, the databases Medline, Cochrane, Science Direct, and Google Scholar were thoroughly searched to identify The relationship between hemoglobin and hematocrit in the first and second trimester of pregnancy and the incidence of preeclampsia. In this review, the papers published until early January 2017 that were conducted to study The relationship between hemoglobin and hematocrit in the first and second trimester of pregnancy and the incidence of preeclampsia were selected.

#### FINDINGS:

Early diagnosis of preeclampsia is one of the most important functions of pregnancy cares. However, there is still no reliable criterion for the early diagnosis of this disease Based on the existing evidences of the pregnancies resulted in preeclampsia, the vascular wall of the spiral arteries is muscular and thick and the invasion into the trophoblast is incomplete (8). Owing to the high costs and need for laboratory facilities in the health centers with limited facilities, some diagnostic tests are rarely conducted (9). The findings of the studies indicate their inaccuracy in the early diagnosis of this disease. High levels of hemoglobin in the first trimester is likely to be a warning sign for suffering from preeclampsia in the subsequent weeks of pregnancy (10).

#### **DISCUSSION:**

If hematocrit level of the first trimester is more than 43%, it has to do with the preeclampsia at the end of the third trimester (11). Every year, 75 thousand maternal deaths occur owing to hypertensive disorders. Although numerous studies have been conducted on this disease, its cause is still unknown (12). Every year, 75 thousand maternal deaths occur owing to hypertensive disorders. Although numerous studies have been conducted on this disease, its cause is still unknown relationship (13).There is а between hemoglobin/hematocrit levels and preeclampsia in the first and second trimester. Women with 11.75 gram in deciliter of hemoglobin and more in the first trimester as well as women with 11.75 gram in deciliter and more in the second trimester are known as "women at risk" for the incidence of preeclampsia. Thus, it is recommended to conduct follow-ups at shorter intervals (14).

#### **REFERENCES:**

1. Goudarzi M, Yazdin-Nik A, Bashardoost N. The relationship of the first/third trimester hematocrit level with the birth weight and preeclampsia. Iran Journal of Nursing. 2008 Nov;21(54):41-9.

2. Mook-Kanamori DO, Steegers EA, Eilers PH, Raat H, Hofman A, Jaddoe VW. Risk factors and outcomes associated with first-trimester fetal growth restriction. Jama. 2010 Feb 10;303(6):527-34.

3. Lu ZM, Goldenberg RL, Cliver SP, Cutter G, Blankson M. The relationship between maternal hematocrit and pregnancy outcome. Obstetrics & Gynecology. 1991 Feb 1;77(2):190-4.

4. Koçyıgıt Y, Atamer Y, Atamer A, Tuzcu A, Akkus Z. Changes in serum levels of leptin, cytokines and lipoprotein in pre-eclamptic and normotensive pregnant women. Gynecological endocrinology. 2004 Jan 1;19(5):267-73.

5. Hsu CD, Iriye B, Johnson TR, Witter FR, Hong SF, Chan DW. Elevated circulating thrombomodulin in severe preeclampsia. American journal of obstetrics and gynecology. 1993 Jul 1;169(1):148-9.

6. Behzadmehr R, Keikhaie KR, Pour NS. The Study of Pregnant Women's Attitude toward Using Ultrasound in Pregnancy and its Diagnostic Value based on the Demographic Features in Amiral-Momenin Hospital of Zabol. Int J Adv Res Biol Sci. 2017;4(6):58-63.

7. Poureisa M, Behzadmehr R, Daghighi MH, Akhoondzadeh L, Fouladi DF. Orientation of the facet joints in degenerative rotatory lumbar scoliosis: an MR study on 52 patients. Acta neurochirurgica. 2016 Mar 1;158(3):473-9.

8. Daghighi MH, Poureisa M, Safarpour M, Behzadmehr R, Fouladi DF, Meshkini A, Varshochi M, Kiani Nazarlou A. Diffusionweighted magnetic resonance imaging in differentiating acute infectious spondylitis from degenerative Modic type 1 change; the role of bvalue, apparent diffusion coefficient, claw sign and amorphous increased signal. The British journal of radiology. 2016 Aug 11;89(1066):20150152.

9. Nemati M, Hajalioghli P, Jahed S, Behzadmehr R, Rafeey M, Fouladi DF. Normal Values of Spleen Length and Volume: An Ultrasonographic Study in Children. Ultrasound in medicine & biology. 2016 Aug 31;42(8):1771-8.

10. Behzadmehr R, Salarzaei M. PHARMACEUTICAL SCIENCES.

11. Shirazi M, Hantoush-Zadeh S, Rezaie-Keikhaie K, Pirjani R. Spontaneous Uterine Rupture and Live Fetus in 21th Week of Pregnancy with Hemorrhagic Shock Due to Placenta Percreta: A Case Report. Case Reports in Clinical Practice. 2016 Jan 20;1(1):19-21. 12. Kahkhaie KR, Keikhaie KR, Vahed AS, Shirazi M, Amjadi N. Randomized comparison of nylon versus absorbing polyglactin 910 for fascial closure in caesarean section. Iranian Red Crescent Medical Journal. 2014 Apr;16(4).

13. Shahraki Z, Keikhaie KR, Amjadi N, Bonjar ZH, Jahantigh H, Doosti F, Shirazi M. Correlation of 4 Hour Urine Samples with 24-Hour Urine Samples for the Diagnosis of Preeclampsia. Journal of Obstetrics, Gynecology and Cancer Research. 2017(In Press).

14. Kahkhaie KR, Keikha F, Keikhaie KR, Abdollahimohammad A, Salehin S. Perinatal Outcome After Diagnosis of Oligohydramnious at Term. Iranian Red Crescent Medical Journal. 2014 May;16(5).