

RESULTS OF PRE-ECLAMPSIA TREATMENT AT THAI NGUYEN A HOSPITAL

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ABSTRACT

Faced with the reality that pregnant women with preeclampsia were coming to Thai Nguyen A Hospital for treatment to determine treatment outcomes, we conducted a study with the following objectives: To evaluate the treatment outcomes of preeclampsia in pregnant women at Thai Nguyen A Hospital. Research subjects and methods: Including 136 pregnant women with preeclampsia treated from January 2023 to the end of December 2024.

Results: 100% of pregnant women had their pregnancies terminated. The method of terminating pregnancies by cesarean section accounted for 88.2%, and 11.8% of pregnant women had normal births. All cases were terminated within 24-48 hours of admission to the hospital, so the rate of complications among mothers and newborns was low. There were 30 cases of premature birth in severe preeclampsia, 26 cases with 19.1%. There were no cases of postnatal death. 100% of pregnant women discharged from the hospital were healthy and normal.

Keywords: Preeclampsia, preeclampsia treatment results.

1. INTRODUCTION

Preeclampsia (PE) is a complex systemic syndrome caused by pregnancy and causes damage to the mother's target organs. The disease usually occurs after the 20th week of pregnancy and ends 6 weeks after delivery[6,11].

Pregnant women with preeclampsia have a 2-to 3-times higher risk of cardiovascular diseases in general, renal failure, metabolic syndrome, and reduced life expectancy. The more severe the onset of preeclampsia, the higher the risk of developing subsequent cardiovascular disease[12,13]. Therefore, preeclampsia is considered a significant global problem.

Currently, at Thai Nguyen A Hospital, preeclampsia is very common. When pregnant women are hospitalized, they often have severe complications that are dangerous for the pregnant woman and the fetus, so treatment is relatively complex and complicated. To more closely learn to detect the pathological manifestations of pregnant women with preeclampsia and to help improve the quality of reproductive health care at Thai Nguyen A Hospital, we conducted a study with the primary objective

to evaluate the treatment results of preeclampsia in pregnant women at Thai Nguyen A Hospital.

2. METHODS

2.1. Research subjects

All pregnant women diagnosed and treated for pre-eclampsia at Thai Nguyen A Hospital in the 2 years from 2023 to 2024.

2.1.1. Selection criteria

- Gestational age at admission \geq 28 weeks.
- Pregnant women diagnosed with pre-eclampsia according to the Ministry of Health standards in 2021[1].
- Pregnant women giving birth at Thai Nguyen A Hospital.
- The fetus is alive, not stillborn, not deformed.

2.1.2. Exclusion criteria

- Diagnosed with pre-eclampsia but not delivered at Thai Nguyen A Hospital.

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- Pregnant women with convulsions or coma due to other causes.
- Pregnant women with chronic hypertension before pregnancy.
- Pregnant women with kidney, liver, cardiovascular disease, and diabetes.
- Stillbirth, fetal malformation.
- Pregnant women who terminated pregnancy for other reasons.

2.2. Time and location of the study: From January 1, 2023, to December 31, 2024. At Thai Nguyen A Hospital.

2.3. Research method

3. RESULTS

During the retrospective study from May 2023 to 2024 at Thai Nguyen A Hospital with a total of 136 pregnant women treated for preeclampsia, the results were as follows:

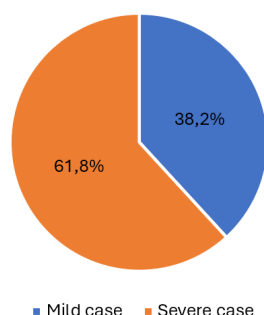


Figure 1. Classification rate of preeclampsia severity

Comments: In 136 pregnant women with preeclampsia, up to 61.8% had severe preeclampsia.

Table 1. Treatment methods for preeclampsia

Content	Level				p
	Preeclampsia				
	Mild case		Severe case		
	n	%	n	%	
Treatment methods					
Internal medicine treatment	0	0.0	0	0.0	-
Termination of pregnancy	52	38.2	84	61.8	
Methods of termination of pregnancy					
Caesarean section	43	31.6	77	56.6	0.114
normal birth	9	6.6	7	5.1	

Comments: In 136 cases of preeclampsia treated at Thai Nguyen A Hospital, 100% of the cases were treated by terminating the pregnancy. There were no cases of medical treatment to preserve the pregnancy.

- Research design: Descriptive research (retrospective research).
- Research sample size: Purposive sample.
- Sample selection: Convenient sampling.

2.4. Research indicators

- Postpartum fetal status.
- Method of pregnancy termination.
- Maternal complications.
- Fetal complications.

2.5. Data processing and analysis: Data were entered using Epidata 3.1 software and processed according to medical statistical algorithms using SPSS 22.0 software.

Table 2. Birth weight in preeclampsia

P (gr)	Level			
	Mild preeclampsia		Severe preeclampsia	
	n	%	n	%
< 1000	0	0.0	1	1.2
1000 - 2400	9	17.3	29	34.5
> 2500	43	82.7	54	64.3
Total	52	100.0	84	100.0
Average Weight	2819.85 ± 632.669			
Lightest	900			
Heaviest	4000			

Comments: The average weight of the fetus is 2819.85 ± 632.669 gr, the smallest weight in our sample of live fetuses is 900gr, the largest weight is 4000gr. The rate of children weighing < 2500 g has 39 cases, accounting for 28.7%, all of which are premature births, so their weight is low. Most of these cases are among pregnant women with severe preeclampsia.

Table 3. Characteristics of maternal complications

Complications	Level			
	Mild preeclampsia		Severe preeclampsia	
	n	%	n	%
Eclampsia	0	0.0	0	0.0
HELLP syndrome	0	0.0	5	3.7
Other	2	1.5	9	6.6

Comments: The overall maternal complication rate is HELLP syndrome, with 05 cases at 3.7%, there are 11 cases with other complications such as thrombocytopenia, increased liver enzymes, infection... accounting for 6.6%

Table 4. Characteristics of postpartum complications

Complications	Level			
	Mild preeclampsia		Severe preeclampsia	
	n	%	n	%
IUGR	1	0.7	7	5.1
Premature birth	4	2.9	26	19.1
Stillbirth	0	0.0	0	0.0
Postpartum death	0	0.0	0	0.0

Comments: The most common complications for newborns in preeclampsia are premature birth and intrauterine growth retardation due to early termination of pregnancy. Stillbirth and postnatal death were not encountered. Our intrauterine growth retardation rate was 5.8% and the premature birth rate was 22.0%.

4. DISCUSSION

In Figure 1. This result is different from the research results of previous authors, such as Chung Thi My Nhung's study, with 34.0% of cases having severe preeclampsia[3]. Nguyen Thi Thu Ha's survey with the number of severe preeclampsia cases accounting for 76.8%[7]. Nguyen Thi Thu Phuong's study had the result that the percentage of pregnant women with severe preeclampsia accounted for 89.0%[9].

In Table 1. Treatment methods for preeclampsia. This result is similar to the research results of authors such as Duong Thi My Linh (2019), Le Thi Ngoc Xuyen (2021), Lam Duc Tam (2023), Nguyen Thi Hong (2025), and some other authors, with 100% of pregnant women terminating the pregnancy [1-4].

The method of termination of pregnancy showed a high rate of cesarean section at 88.2% and no cases of surgical delivery. Our results are similar to those of Pham Van Tu's study, with a cesarean section rate of 87.3% and no instances of surgical delivery. Nguyen Thi Hong's research with 84.9% [3].

In Table 2. Birth weight in preeclampsia There is a difference compared to Chung Thi My Nhung's study, with the rate of children weighing < 2500gr having (14/95) cases, accounting for 14.7% [5].

In Table 3. Characteristics of maternal complications.

My results are entirely consistent with the results of previous studies such as Duong My Linh's study with many complications that can occur at the same time in pregnant women such as: eclampsia 6.3%; premature placental abruption, acute renal failure and postpartum hemorrhage together accounting for 4.7%; HELLP syndrome 15.6%; surgical site infection and cerebral hemorrhage together accounting for 3.1%; acute pulmonary edema accounting for 1.6% [1].

In Table 4. Characteristics of postpartum complications

The results of my study are consistent with the results of some authors, such as Le Thi Ngoc Xuyen, with 1 case of acute fetal distress (2.3%), two cases of intrauterine growth retardation (4.6%), and 11 premature, low birth weight babies (25.6%) [2].

5. CONCLUSION

100% of pregnant women had their pregnancies terminated. 88.2% of pregnant women had a cesarean section, 11.8% of pregnant women had a normal birth. All cases had their pregnancies terminated quickly, within 24-48 hours after admission to the hospital, so the rate of complications for mother and newborn was low. There were 30 cases of premature birth in severe preeclampsia, 26 cases with 19.1%. There were no cases of postnatal death. 100% of pregnant women were discharged in good health.

RECOMMENDATION

Preeclampsia prevention in high-risk groups can be performed with low-dose aspirin, starting after screening results at 11 - 13+6 weeks of pregnancy.

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