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Individualized strategies for pregnancy-Induced hypertension: Lifestyle interventions and clinical monitoring during pregnancy

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Objective: This experiment aims to evaluate personalized strategies for pregnancy-induced hypertension, with a specific focus on the application of lifestyle intervention and antenatal clinical monitoring. By implementing personalized strategies, we aim to assess their impact on improving treatment outcomes and reducing the risk of adverse pregnancy outcomes in women with pregnancy-induced hypertension.

Methods and Materials: Subject Recruitment: Recruit pregnant women meeting the diagnostic criteria for pregnancy-induced hypertension, ensuring the inclusion of subjects with diverse individual characteristics. Obtain informed consent for participation in lifestyle intervention and antenatal clinical monitoring. Randomized Group Allocation: Randomly assign participants into two groups: one receiving personalized lifestyle intervention and antenatal clinical monitoring, and the other receiving standard care as a control group. Ensure baseline similarity between the two groups to minimize interference with intervention effects. Lifestyle Intervention: Develop personalized diet and exercise plans based on individual differences. Emphasize a diet low in salt and fat, rich in fiber, and ensure adequate nutritional intake. Tailor exercise plans according to participants' physical conditions and preferences. Focus on moderate aerobic exercise and prenatal yoga to control weight, reduce blood pressure, and alleviate pregnancy-related discomfort. Regularly communicate with participants, providing psychological support to address anxiety, depression, or other psychological issues. Antenatal Clinical Monitoring: Establish a scheduled clinical monitoring plan during pregnancy, including regular blood pressure measurements, urine protein testing, and monitoring of blood biochemical indicators. Adjust treatment plans promptly based on individualized blood pressure changes and clinical test results to prevent the progression of pregnancy-induced hypertension. Data Collection and Analysis: Record lifestyle changes, clinical monitoring results, and participant feedback during the lifestyle intervention. Utilize appropriate statistical methods to compare significant differences between the two groups in terms of lifestyle changes, blood pressure control, and adverse pregnancy outcomes. This analysis will provide a quantitative assessment of the effectiveness of personalized strategies.

Results: After intervention, the systolic blood pressure and diastolic blood pressure of observation group were lower than those of control group, the difference was statistically significant ($P < 0.05$); The healthy lifestyle score and self-management ability score of observation group were higher than those of control group, and the difference was statistically significant ($P < 0.05$). The incidence of postpartum hemorrhage, premature delivery, eclampsia and placental abruption in the observation group was significantly lower than that in the control group, with statistical significance ($\chi2=4.39$, $P=0.04$). The incidence of adverse outcomes such as intrauterine growth restriction, intrauterine distress and neonatal asphyxia in the observation group was significantly lower than that in the control group, with statistical significance ($\chi2=4.06$, $P=0.04$).

Conclusion: Through the implementation of personalized strategies for pregnancy-induced hypertension, particularly the combination of lifestyle intervention and antenatal clinical monitoring, we can draw the following conclusions: Personalized lifestyle intervention effectively improves participants' lifestyle habits and contributes to blood pressure reduction. Antenatal clinical monitoring facilitates the timely identification of anomalies, enabling personalized treatment adjustments and improving treatment outcomes. Compared to standard care, personalized strategies may yield superior treatment outcomes and reduce the risk of adverse pregnancy outcomes in women with pregnancy-induced hypertension. These experimental results offer empirical support for the personalized treatment of pregnancy-induced hypertension, providing valuable guidance for clinical practice and laying a foundation for more in-depth future research.

Biography

Zhenghua Xiao is a renowned obstetrician at The Affiliated Yongchuan Hospital of Chongqing Medical University, with a specialization in maternal health and pregnancy-related hypertensive disorders. Dr. Xiao's research focuses on individualized strategies for managing pregnancy-induced hypertension, emphasizing the role of lifestyle interventions and rigorous clinical monitoring. Through innovative approaches, Dr. Xiao aims to reduce maternal and fetal complications by developing tailored treatment protocols that optimize health outcomes during pregnancy. Dr. Xiao's work significantly contributes to improving clinical practices for managing hypertensive conditions, offering valuable insights into patient-centered care in obstetrics.