

Table1:- Table showing parity of the study population:-

	Frequency	Percent
MULTI	55	53.9
PRIMI	47	46.1
Total	102	100.0

Table2:- Table showing the statistical significance of parity in association with development of preeclampsia:- (This study shows no statistical significance between parity and its association with development of preeclampsia)

Parity with Groups							
			Groups		Total	χ^2 - value	P-value
			E/PE	Normal			
Parity	MULTI	Count	17	38	55	0.36	0.548 #
		%	58.6%	52.1%	53.9%		
	PRIMI	Count	12	35	47		
		%	41.4%	47.9%	46.1%		
Total	Count	29	73	102			
	%	100.0%	100.0%	100.0%			
# No Statistical Significance at P>0.05 level							

Table3:- Table showing the number of subjects who developed and did not develop preeclampsia/eclampsia:-

	Frequency	Percent
E/PE	29	28.4
Normal	73	71.6
Total	102	100.0

Table4:- Table showing the statistical significance of age, early pregnancy microalbuminuria, early pregnancy spot protein creatinine ratio and mean blood pressure values in association with development of preeclampsia/eclampsia. The calculated mean values with SD and 'p' values of each factor are listed below:- (This study shows high statistical significance between microalbuminuria, spot protein creatinine ratio and development of preeclampsia. No statistical significance was observed with age.)

Groups comparison with Unpaired t-test						
Groups		N	Mean	S.D	t-value	P-value
Age	E/PE	29	23.1	3.6	0.329	0.743 #
	Normal	73	22.8	3.6		
UM	E/PE	29	50.2	25.4	5.344	0.0005 **
	Normal	73	22.6	17.7		
SBP1	E/PE	29	149.3	13.6	13.334	0.0005 **
	Normal	73	113.5	7.8		
DBP1	E/PE	29	90.8	7.4	13.241	0.0005 **
	Normal	73	71.5	6.3		
SBP2	E/PE	29	146.8	11.3	17.099	0.0005 **
	Normal	73	111.7	8.4		
DBP2	E/PE	29	93.5	7.2	13.340	0.0005 **
	Normal	73	68.2	9.1		
Acratio	E/PE	29	0.5	0.5	5.418	0.0005 **
	Normal	73	0.2	0.2		

No Sig at P>0.05 level and ** Highly Sig P <0 .01 level