Management of hypertension in pregnancy

**Risk factors for preeclampsia**
- Previous history of preeclampsia
- Family history of preeclampsia
- Inter-pregnancy interval > 10 years
- Nulliparity
- Pre-existing medical conditions
  - APLS
  - Pre-existing diabetes
  - Renal disease
  - Chronic hypertension
  - Chronic autoimmune disease
- Age > 40 years
- BMI > 35 kg/m²
- Multiple pregnancy
- Elevated BP at booking
- Gestational trophoblastic disease
- Fetal triploidy

**Indications for birth**
- Non-reassuring fetal status
- Severe fetal growth restriction
- ≥ 37 weeks
- Eclampsia
- Placental abruption
- Acute pulmonary oedema
- Uncontrollable hypertension
- Deteriorating platelet count
- Deteriorating liver and/or renal function
- Persistent neurological symptoms
- Persistent epigastric pain, nausea or vomiting

**Severe hypertension/preeclampsia**
- Multidisciplinary team approach
- High dependency or birth suite
- Strict control of BP
- Maternal and fetal assessments
- Continuous CTG
- Consider Magnesium Sulfate
- Strict fluid management
- Full blood count
- ELFTS including urate & LDH
- Coagulations screen
- Urine for protein to creatinine ratio

**Stabilise prior to birth**
- Control hypertension
- Correct coagulopathy
- Consider eclampsia prophylaxis
- Attention to fluid status

**Postpartum**
- Close clinical surveillance
- VTE prophylaxis
- Consider timing of discharge
- Arrange follow up
- Maternal screening as indicated

**Maternal investigations**
- Urine dipstick for proteinuria
- Spot urine protein to creatinine ratio if:
  - ≥ 2+ or recurrent 1+ on dipstick
- Full blood count
- Urea, creatinine electrolytes and urate
- LFT including LDH

**Fetal assessment**
- CTG
- USS for fetal growth & wellbeing

**Initiate antihypertensives**
Commence if:
- sBP ≥ 160 or dBP ≥ 100 mmHg
Consider if:
- sBP ≥ 140 or dBP ≥ 90 mmHg
Choice of antihypertensive drug as per local preferences/protocols

**Oral antihypertensive** (initial dose – adjust as clinically indicated)
- *Methyldopa 125–250 mg bd
- *Labetalol 100 mg bd
- **Oxprenolol 40–80 mg bd
- **Hydralazine 25 mg bd
- *Nifedipine (SR) 20–30 mg daily
- *Prazosin 0.5 mg bd
- *Clonidine 50–150 micrograms bd

**Outpatient care**
- If mild hypertension without preeclampsia
- Frequency of appointments should be individualised

**Consider admission if:**
- Fetal wellbeing is of concern
- sBP > 140 mmHg or
- dBP > 90 mmHg or
- Symptoms of preeclampsia, or proteinuria or abnormal bloods

**Inpatient monitoring**
- BP 4 hourly if stable
- CTG daily
- Daily ward urine analysis
- Maintain accurate fluid balance
- Daily review (minimum) by obstetrician
- Normal diet
- Bed rest is not usually required
- Consider VTE prophylaxis