

SCOPE DEFINITION

Guideline Title: *Hypertension and pregnancy (HDP)*

Scope framework	
Population	<p><i>Which group of people will the guideline be applicable to?</i></p> <p>Pregnant and postpartum women with, or at risk of, hypertensive disorders in pregnancy</p>
Purpose	<p><i>How will the guideline support evidence-based decision-making on the topic?</i></p> <p>Identify relevant evidence related to:</p> <ul style="list-style-type: none"> • Defining and classifying hypertensive disorders of pregnancy • Screening for risk of pre-eclampsia • Preventative strategies for women at increased risk of pre-eclampsia • Assessment, diagnosis, and management of hypertensive disorders of pregnancy
Outcome	<p><i>What will be achieved if the guideline is followed?</i> <i>(This is not a statement about measurable changes / not SMART goals)</i></p> <p>Support:</p> <ul style="list-style-type: none"> • Early identification of women at increased risk of pre-eclampsia • Preventative strategies to reduce the risk of pre-eclampsia • Accurate assessment, classification and diagnosis of hypertensive disorders of pregnancy • Best practice management during pregnancy, birth and postpartum
Exclusions	<p><i>What is not included/addressed within the guideline</i></p> <ul style="list-style-type: none"> • Management of anaesthesia • Routine antenatal, intrapartum and postpartum care • Elements specific to Queensland Clinical Guideline: <i>Standard care</i> • Elements addressed in other Queensland Clinical Guidelines

Clinical questions

Question	Likely Content/Headings/Document Flow
Introduction	<ul style="list-style-type: none"> • Prevalence of hypertensive disorders of pregnancy • Burden of disease <ul style="list-style-type: none"> ○ Short term adverse outcomes ○ Long term risks
1. How is hypertension in pregnancy described and classified?	<ul style="list-style-type: none"> • Definitions of hypertension • Classification
2. What is the recommended screening for risk of pre-eclampsia?	<ul style="list-style-type: none"> • Risk factors • Combined first trimester screening <ul style="list-style-type: none"> ○ Maternal clinical risk markers (including mean arterial pressure) ○ Uterine artery pulsatility index (UtPI) ○ Pregnancy associated plasma protein A (PAPP-A) and/or placental growth factor (PIGF) • Screening methods after 20 weeks gestation (sFlt-1/PIGF ratio)
3. What are the recommended preventative strategies for pregnant women at increased risk of pre-eclampsia?	<ul style="list-style-type: none"> • Aspirin • Physical activity • Therapies not supported by evidence
4. How is new onset hypertension in pregnancy assessed?	<ul style="list-style-type: none"> • Maternal assessment <ul style="list-style-type: none"> ○ Blood pressure (BP) measurement ○ Urinalysis for proteinuria ○ Blood tests • Fetal assessment
5. How is pre-eclampsia diagnosed?	<ul style="list-style-type: none"> • Diagnostic criteria • Signs and symptoms • New onset end-organ dysfunction
6. What is considered best practice management of hypertensive disorders in pregnancy?	<ul style="list-style-type: none"> • Antihypertensive management of: <ul style="list-style-type: none"> ○ Non-severe hypertension ○ Severe hypertension • Pre-eclampsia • HELLP syndrome • Eclampsia • Magnesium sulfate • Antenatal surveillance <ul style="list-style-type: none"> ○ Model of care (inpatient, outpatient and transfer of care) ○ Ongoing maternal and fetal assessment ○ Signs of fetal compromise
7. What is considered best practice management for birth planning and intrapartum care?	<ul style="list-style-type: none"> • Planning birth • Timing of birth • Intrapartum care
8. What is considered best practice management for postpartum care and longer term health risks?	<ul style="list-style-type: none"> • Postpartum care • Discharge • Contraceptive advice • Future pregnancy counselling • Longer term follow-up

Potential areas for audit focus (to be refined during development)

Audit items will relate to the desired outcomes and the clinical questions

- Proportion of hypertensive pregnant women who receive correct classification of their hypertension according to the recommended criteria
- Proportion of pregnant women who are screened for risk of preterm pre-eclampsia early in pregnancy
- Proportion of pregnant women identified at high-risk of preterm pre-eclampsia who are commenced on aspirin as recommended (i.e. prior to 16 weeks gestation, 150 mg daily, before bed)
- Proportion of pregnant women with suspected pre-eclampsia who have a quantitative proteinuria test performed
- Proportion of pregnant women with systolic blood pressure (BP) greater than or equal to 160 mmHg or diastolic BP greater than or equal to 110 mmHg who receive timely treatment with antihypertensive medication
- Proportion of women who receive 4 g intravenous (IV) loading dose of magnesium sulfate as management of eclampsia
- Proportion of women with pre-eclampsia who are recommended postpartum venous thromboembolism (VTE) prophylaxis