Hypertension in pregnancy: diagnosis and management

Reducing the risk of hypertensive disorders in pregnancy
- Ensure women are aware of the symptoms of pre-eclampsia and know what to do if they experience these symptoms
- Use antiplatelet agents in women at high risk of pre-eclampsia
- Do not recommend other pharmaceutical agents, nutritional supplements or salt restriction solely to prevent hypertension
- Advise on rest, exercise and work as for healthy pregnant women

Assessment of proteinura
- Use PCR (threshold = 30 mg/mmol) or ACR (threshold 8 mg/mmol) to assess proteinuria
- Retest if necessary, alongside clinical review, to confirm diagnosis; do not use first morning urine void

Chronic hypertension
- Provide pre-pregnancy advice on treatment for hypertension
- In pregnancy, start or amend pharmacological treatment, treat to BP target, and provide lifestyle advice

Gestational hypertension
- Assess additional risk factors
- Start pharmacological treatment if necessary and treat to target.
- Offer PlGF testing

Pre-eclampsia
- Assess risk of complications and use to guide decisions on place of care and in utero transfer
- Start pharmacological treatment if necessary and treat to target

All women with hypertension
- Aim for BP of 135/85 mmHg
- Monitor BP, proteinuria, blood results and fetal wellbeing on an ongoing basis
- Discuss timing of birth; offer antenatal corticosteroids and magnesium sulfate if planned early birth is indicated, in line with the NICE guideline on preterm labour and birth
- Agree follow-up arrangements

Fetal monitoring
- Carry out ultrasound fetal growth and amniotic fluid volume assessment at appropriate time-points, depending on degree of hypertension
- Carry out cardiotocography if fetal activity is abnormal

Intrapartum care
- Give advice and treatment in line with NICE guideline on Intrapartum care and Intrapartum care for women with existing medical complications
- Continue antihypertensive treatment during labour
- Monitor blood pressure and blood results during labour and consider operative or assisted birth if necessary

Post-natal treatment and breastfeeding
- Adjust pharmacological treatment during the postnatal period and provide advice to women who wish to breastfeed

Advice and follow-up at transfer to community care
- Advise women on the risk of recurrence of hypertensive disorders of pregnancy, future cardiovascular disease, end-stage kidney disease and inter-pregnancy interval
- Provide lifestyle advice to reduce risks

Medical management of severe hypertension or severe pre-eclampsia in a critical care setting

Anticonvulsants
- Give intravenous magnesium sulfate for eclamptic fits or for women at high risk of eclamptic fits

Antihypertensives
- Use oral or IV antihypertensives and monitor response to treatment

Corticosteroids and magnesium sulfate
- Offer if early birth is likely within 7 days in accordance with NICE guideline on preterm labour and birth

Fluid balance and volume expansion
- Do not use volume expansion unless IV hydralazine is being administered
- Limit maintenance fluids

Mode of birth
- Choose mode of birth according to clinical circumstances and the woman's preference

Referral to critical care
- Refer women with severe hypertension or severe pre-eclampsia to an appropriate level of critical care