**Hypertensive disorders of Pregnancy, ACOG Recommendations 2013**

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|  | **Diagnosis** | **Treatment** |
| **Chronic Hypertension** | BP >140/90 before 20 wks | \*Baseline PIH panel  \*Use anti-hypertensive meds if BP> 150/100 (labetalol, nifedipine, methyldopa)  \*Keep BP >120/80  \*Sono for growth  \*Antepartum testing at 32wk  \*Deliver at 38 wks |
| **Chronic hypertension with superimposed preeclampsia** | Sudden increase in BP or proteinuria, or development of abn labs, HA, vision change or RUQ pain | \*Meds if BP>160/105  \*Management same as preeclampsia and severe preeclampsia below |
| **Gestational Hypertension** | BP>140/90 after 20 wks without proteinuria or severe features | \*Pt monitors daily for sxs  \*BP check 2x a week  \*Weekly PIH panel, urine dip  \*Biweekly NST/weekly AFI  \*Deliver at 37w0d  \*No mag |
| **Preeclampsia without severe features**  **(mild preeclampsia)** | BP>140 or 90 (but <160/110) on 2 occasions 4 hours apart after 20 wks AND proteinuria >300mg (on 24 hr protein or pr/cr ratio 0.3)  AND without severe features (lab abnormalities, HA, vision change or RUQ pain) | \*Pt monitors daily for sxs  \*BP check 2x a week  \*Weekly PIH panel  \*Biweekly NST/weekly AFI  \*Sono for growth Q3 wks  \*Weekly umbilical Doppler only if IUGR  \*Deliver at 37 wks  \*Magnesium not required |
| **Preeclampsia with severe features**  **(severe preeclampsia)** | BP > 160 or 110 **AND** proteinuria >300mg  **OR**  BP>140 or 90 **AND** severe features (plt <100,000, LFTs 2x normal or RUQ pain, Cr >1.1, pulm edema, HA or visual changes | \*Deliver at 34 wks  \*Bmeth if under 34 wks and consult perinate/transfer  \*Anti-hypertensives if \*BP>160/110 (hydralazine, labetalol)  \*Mag as usual |
| **Postpartum** |  | \*3 days BP monitoring, then at 1 wk  \*Treat BP >150/100 |

Notes:

1. Recommendation for ASA 81mg daily starting in the 1st trimester if 2x prior preeclampsia or 1x before 34 wks
2. Meds and Breastfeeding: Labetalol safe and low concentration in breast milk, atenolol/metoprolol highly concentrated in breast milk, Ca channel blockers OK not much data