



**Diagnostic Criteria**  
 History of hypertension (BP  $\geq$  140/90) prior to pregnancy  
 or  
 Persistent hypertension (BP  $>$  140/90) prior to 20 weeks gestation  
 or  
 Hypertension (BP  $>$  140/90) persisting beyond 12 weeks post-partum

**First Prenatal Visit with history of Chronic Hypertension**  
 Obtain GH labs<sup>†</sup>. Refer to HROB meeting for discussion.

**† GH labs:**  
 CBC, creatinine, ALT, AST, uric acid, Urine Protein/Creatinine Ratio, CCUA

**First Trimester**  
 1. Monitor BP every 2-4 weeks.  
 2. Fetal ultrasound to confirm EDC prior to 14 weeks gestation.

**Second Trimester**  
 1. Monitor BP every 2-4 weeks.  
 2. If patient with symptoms of severe features of preeclampsia<sup>‡</sup>, obtain GH labs<sup>†</sup>.  
 3. Aspirin 81 mg daily between 12-37 weeks gestation to prevent complications.

**‡ Severe Features of Preeclampsia**

- Severe hypertension (160/110)
- Thrombocytopenia (<100K)
- Impaired liver function
- Progressive renal insufficiency
- Pulmonary edema
- New-onset cerebral or visual disturbances
- Oligohydramnios

Serial fetal U/S every 4 weeks after 28 weeks to evaluate growth.

Superimposed preeclampsia present?  
 Yes → Refer to Gestational Hypertension Guideline

**\* Signs/Symptoms of Superimposed Preeclampsia**

- Any signs/symptoms of severe features
- Worsening proteinuria
- Worsening hypertension

**Third Trimester**  
 1. Monitor BP every two weeks.  
 2. If patient with symptoms of severe preeclampsia<sup>‡</sup>, obtain GH labs.  
 3. BPP weekly after 34 weeks gestation.  
 4. NST/AFI anytime patient is in Bethel between 28-36 weeks.

Severe HTN, renal, cardiac, or connective tissue disorders?  
 Yes → Refer to ANMC OB Service.

Consult OB/GYN at 37 weeks for timing of delivery. MUST be delivered by the EDC or transferred to Anchorage.

Any patient with hypertension in pregnancy should have blood pressure monitored for at least two weeks post-partum.

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.  
 Approved by MSEC 7/12/17.  
**If comments about this guideline, please contact**  
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