



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

Gestational Hypertension (GH) Diagnostic Criteria

BP \geq 140/90 measured on two occasions at least four hours apart.

First Prenatal Visit with History of Chronic Hypertension

- Obtain preeclampsia labs.
- Refer to HROB meeting for discussion.

Preeclampsia Labs

- CBC
- CMP
- Random urine protein to creatinine ratio

Severe HTN, renal, cardiac, or connective tissue disorders?

Yes → Refer to ANMC OB Service.

No

First Trimester

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

Severe Features of Preeclampsia

- sBP \geq 160 OR dBP \geq 110
- Renal insufficiency
- Pulmonary edema
- Thrombocytopenia (platelets $<$ 100K)
- Impaired liver function
- IUGR
- Cerebral or visual symptoms
- Severe, unremitting headache

Second Trimester

- Monitor BP every 2-4 weeks.
- If patient with symptoms of severe features of preeclampsia, obtain preeclampsia labs and see [Hypertension, Severe](#) guideline for further management.
- Aspirin 162 mg daily starting at 12 weeks gestation and continuing until delivery to prevent complications.
- After 20 weeks, serial fetal U/S every 4 weeks to evaluate growth.

Superimposed preeclampsia present?

Yes → Refer to [Gestational Hypertension/Preeclampsia](#) guideline.

No

Signs/Symptoms of Superimposed Preeclampsia

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

Third Trimester

- Monitor BP every 2 weeks.
- If patient with symptoms of severe features of preeclampsia, obtain preeclampsia labs and see [Hypertension, Severe](#) guideline for further management.
- BPP weekly after 34 weeks gestation.
- NST/AFI anytime patient is in Bethel between 28-36 weeks.

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 postpartum.

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 Clinical Guideline Committee 10/21/22.
 Click [here](#) to see the supplemental resources for this guideline.
 If comments about this guideline, please contact David_Compton@ykhc.org.