



How to Take a BP

- Patient should be seated for 15 minutes and calm.
- Patient should not chew or smoke.
- The appropriate sized BP cuff should be used.

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

*If random protein to creatinine ratio is between 0.15 and 0.3, obtain 24 hour urine protein.
 - If \geq 300, diagnosis is preeclampsia.
 - If $<$ 300, diagnosis is gestational hypertension.

Gestational Hypertension (GH) Diagnostic Criteria

- BP \geq 140/90 measured on two occasions at least four hours apart.
- Only one elevated BP is needed to proceed with this guideline.

If patient $<$ 20 weeks, refer to [Chronic Hypertension in Pregnancy guideline](#).

Full Maternal/Fetal Evaluation

- Preeclampsia labs (see box)
- Tests for fetal wellbeing (NST, BPP)
- Ultrasound for growth

Preeclampsia Labs

- CBC
- CMP
- Random urine protein to creatinine ratio

Any signs or symptoms of severe features?

Preeclampsia/Gestational Hypertension with Severe Features

Treat blood pressure per [Hypertension, Severe](#) guideline.

Admit and consult OB/GYN.

- Magnesium sulfate: 4 grams IV bolus over 20 minutes, then 2 grams/hour IV.
- Check preeclampsia labs.
- Monitor fetal wellbeing.
- Obtain OB ultrasound to evaluate for IUGR or oligohydramnios.
- Monitor for signs and symptoms of magnesium toxicity.

If possible, transfer to Anchorage. If transfer not possible, consult HROB.

Random protein to creatinine ratio $>$ 0.3*?

Preeclampsia

Consult HROB on call.

Is patient able to participate in care plan?

Consider inpatient monitoring versus transfer to Anchorage.

Outpatient Monitoring in Bethel

- Daily kick counts.
- Office visit 2 times per week.
- NST twice weekly.
- AFI and preeclampsia labs once a week.
- Ultrasound for growth every 3 weeks.
- Transfer care to Inpatient OB at 38 weeks for delivery or transfer to Anchorage.

Any signs or symptoms of severe features?

Gestational Hypertension

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 Guidelines 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.