



†How to take a BP

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

Box 1: Severe Features of Preeclampsia

- BP > 160/110
- Renal insufficiency
- Pulmonary edema
- Thrombocytopenia (platelets <100K)
- Impaired liver function
- IUGR
- Cerebral or visual symptoms

Gestational Hypertension (GH) Diagnostic Criteria

BP \geq 140/90 measured on two occasions at least six hours apart. (See Box 1.)
Only one elevated BP is needed to proceed with this guideline.

If patient < 20 weeks, refer to Chronic Hypertension in Pregnancy Guideline.

GH labs:

CBC, creatinine, ALT, AST, uric acid, CCUA, random urine protein to creatinine ratio

Full maternal/fetal evaluation including: GH labs, Test for Fetal Wellbeing, ultrasound for growth

Any signs or symptoms from Box 1?

Yes

Preeclampsia/Gestation Hypertension with Severe Features

Admit and consult OBGYN.

- Magnesium Sulfate: 4g IV bolus over 20 min, then 2g IV/hr
- GH labs
- Monitor fetal wellbeing
- Obtain OB ultrasound to evaluate for IUGR or oligohydramnios
- Monitor for signs and symptoms of Magnesium toxicity

Transfer to Anchorage

No

Protein/creatinine ratio >0.3*?

Yes

Preeclampsia
Consult HROB on call.

Gestational Hypertension

*Protein/creatinine ratio >0.15 <0.3:
Obtain 24 hour urine protein.

Consider inpatient monitoring versus transfer to Anchorage.

Yes

Outpatient monitoring in Bethel

- Daily kick counts
- Office visit 1-2 times per week
- NST twice weekly
- AFI and GH labs once a week
- Ultrasound for growth every 3 weeks
- Transfer care to NW at 38 weeks for delivery or transfer to Anchorage.

Any signs or symptoms from Box 1?

No

Yes

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 Ellen_Hodges@ykhc.org.