

## 2 COMPLICATIONS OF PREGNANCY

### 2.2 HYPERTENSION IN PREGNANCY

Date Issued: November 2003  
Date Revised: April 2012  
Review Date: April 2015  
Authorised by: OGCCU  
Review Team: OGCCU

2.2.2 MFAU QRG Gestational Hypertension and Pre Eclampsia  
Section B  
Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia

### 2.2.2 MATERNAL FETAL ASSESSMENT UNIT - QUICK REFERENCE GUIDE GESTATIONAL HYPERTENSION AND PRE ECLAMPSIA

This Quick Reference Guide must be used in conjunction with its respective evidence-based guideline [B 2.2.1 Hypertension in pregnancy - Medical management](#). Medical and midwifery staff should be familiar with the contents of the full guideline.

#### CRITERIA FOR REFERRAL

Blood pressure  $\geq$  140/90mmHg on 2 occasions *at least* 30 minutes apart +/- proteinuria

#### ASSESSMENT

The multiple visit sheet (MR 226) is to be used each visit to record the assessment, any test results or treatments given and the plan of management.

1. Assess for the following signs and symptoms. Arrange review by obstetric registrar or above, if any of the following symptoms are present:
  - headache
  - visual disturbance
  - epigastric or right upper quadrant pain
  - significant oedema
  - hyper-reflexia / clonus
  - Intrauterine growth restriction
2. Check the BP 4 times at 15-minute intervals (use K5 disappearance of sounds) and calculate the average BP.  
**Note:** Inform the obstetric registrar immediately if a woman has two BP recordings of  $\geq$ 160mmHg systolic or  $\geq$  105mmHg diastolic.
3. Obtain a blood sample for:
  - Biochemistry – creatinine and electrolytes, uric acid, LDH, ALT, AST
  - FBP
  - Blood
4. Obtain an MSU for urinalysis sending a sample to Biochemistry for a spot protein: creatinine ratio where there is proteinuria of +1 or +2. **Proteinuria of magnitude +3 or +4 on dipstick is always abnormal and no laboratory confirmation is required.**
5. Perform a CTG if the woman's gestation is  $\geq$  30 weeks.  
If CTG is non-reactive or the woman is < 30 weeks gestation, arrange an USS for fetal well being.

6. Arrange **ultrasound assessment** of fetal well being as follows:
  - First visit - fetal biometry, amniotic fluid index (AFI) and umbilical artery (UA) Doppler studies
  - Subsequent visits – weekly fetal wellbeing assessment, including AFI and UA Doppler and fetal
7. Follow flow chart on page 3 for Assessment of Gestational Hypertension and Pre-eclampsia.
8. New proteinuria of  $> +2$  on dipstick with hypertension in late pregnancy is a sign of severity requiring hospital admission for observation, irrespective of any other test results.
9. IUGR with new hypertension is also an indication for hospital admission and usually reflects severe placental vascular disease.

### FLOW CHART ON PAGE 3

FLOW CHART FOR THE MANAGEMENT OF GESTATIONAL HYPERTENSION AND PRE-ECLAMPSIA

