

Hypertension in Pregnancy

SBP \geq 140 mmHg or DBP \geq 90 mmHg

Pre-pregnancy

<20 weeks gestation

\geq 20 weeks gestation

4 weeks postpartum

Chronic hypertension of pregnancy: diagnosed prior to pregnancy or within the first 20 weeks of gestation, or present 12 weeks postpartum

Notes:

1) Preeclampsia and eclampsia can be superimposed on chronic and gestational hypertension. A sudden increase in blood pressure, new onset proteinuria, or new increase in already present proteinuria should cause high suspicion for preeclampsia.

2) HELLP syndrome is considered a subtype of preeclampsia with severe features and includes hemolysis, elevated LFTs, and low platelets.



Gestational hypertension: diagnosed after 20 weeks gestation or in the immediate postpartum period

Preeclampsia

Proteinuria ($>300\text{mg}/24\text{ hr}$, urine protein/Cr ratio ≥ 0.3 , or 1+ on urine dipstick)

Preeclampsia with severe features

1 or more of the following:

SBP \geq 160 mmHg or DBP \geq 110 mmHg

Platelets $<100,000$

LFTs $>2\times$ upper limit of normal

Pulmonary edema

Visual changes or mental status disturbance

Eclampsia

Seizures

References:

Hypertension in pregnancy . Report of the American College of Obstetricians and Gynecologists' Task Force on Hypertension in Pregnancy. Obstet Gynecol. 2013;122:1122–1131.

Young, Janet Simmons. "Maternal Emergencies after 20 Weeks of Pregnancy and in the Postpartum Period." Tintinalli's Emergency Medicine: A Comprehensive Study Guide. Eds. Judith E. Tintinalli, et al. New York, NY: McGraw-Hill, 2015.

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