

## Hypertensive Disorders in Pregnancy

Target Population: OB

Hypertensive Disorders in Pregnancy	
Category	Description
Gestational Hypertension	<ul style="list-style-type: none"> <li>new-onset elevated blood pressure diagnosed after 20 weeks gestation without proteinuria or severe features of preeclampsia</li> <li>may develop into preeclampsia</li> <li>blood pressure returns to normal levels following delivery</li> </ul>
Preeclampsia	<ul style="list-style-type: none"> <li>considered "pregnancy-specific"; new-onset elevation of blood pressure most commonly occurring after 20 weeks gestation</li> <li>diagnostic criteria include:                             <ul style="list-style-type: none"> <li>systolic blood pressure of 140mmHg or greater or a diastolic blood pressure of 90mmHg on 2 occasions, occurring a minimum of 4 hours apart following 20 weeks gestation when blood pressure has previously been normal</li> <li>if proteinuria is present, 24-hour urine has 300mg or greater or protein/creatinine ratio is 0.3 or greater</li> </ul> </li> </ul> <p><b>Note:</b> If a urine dipstick (not preferred method) is used, result of 2+ is considered significant.</p> <ul style="list-style-type: none"> <li>if proteinuria is absent with a new onset of hypertension, the presence of thrombocytopenia, renal dysfunction, liver dysfunction, pulmonary edema or a new onset of headache without other known cause are considered diagnostic for preeclampsia</li> </ul>
Preeclampsia with Severe Features	<ul style="list-style-type: none"> <li>diagnostic criteria include:                             <ul style="list-style-type: none"> <li>systolic blood pressure of 160mmHg or greater or a diastolic blood pressure of 110mmHg on 2 occasions, occurring a minimum of 4 hours apart, unless antihypertensive pharmacologic therapy has been initiated</li> <li>presence of thrombocytopenia</li> <li>liver dysfunction not attributed to other cause and evidenced by significantly elevated liver enzymes, presence of severe right upper quadrant or epigastric pain</li> <li>renal dysfunction evidenced by significantly elevated serum creatinine level in the absence of other renal disorder</li> <li>pulmonary edema</li> <li>new onset of headache without other known cause and that does not respond to pharmacologic therapy</li> <li>presence of visual disturbances</li> </ul> </li> </ul>
HELLP (hemolysis, elevated liver enzymes, low platelets) Syndrome	<ul style="list-style-type: none"> <li>severe form of preeclampsia most commonly seen in the third trimester of pregnancy or during the postpartum period</li> <li>diagnostic criteria include hemolysis, elevated liver enzymes (LDH, AST, ALT) and low platelet levels</li> </ul>
Eclampsia	<ul style="list-style-type: none"> <li>severe sequelae to preeclampsia</li> <li>new-onset seizure activity; not attributed to other medical diagnosis</li> <li>seizure is commonly preceded by severe headache, visual disturbance and change in mental status</li> </ul> <p><b>Note:</b> In some cases, there are no signs or symptoms of preeclampsia prior to seizure activity.</p>
Chronic Hypertension/Chronic Hypertension with Superimposed Preeclampsia	<ul style="list-style-type: none"> <li>chronic hypertension refers to elevated blood pressure that has been diagnosed prior to pregnancy or before the completion of 20 weeks gestation</li> <li>chronic hypertension with superimposed preeclampsia can be challenging to diagnose; signs/symptoms may include an abrupt increase in baseline blood pressure levels, increase in proteinuria, development of thrombocytopenia and unexpected elevation of liver enzymes</li> <li>chronic hypertension carries an increased risk for low-birth-weight infants and medically-indicated preterm births</li> </ul>