

Preeclampsia/Severe Maternal Hypertension



- Preeclampsia/hypertensive disorders are a leading cause of maternal mortality and morbidity.
- Includes Gestational Hypertension, Preeclampsia, Eclampsia, and Chronic Hypertension with Preeclampsia.
- Eclampsia is usually self-limiting and should be treated with IV anti-hypertensive medications. Magnesium sulfate is started to prevent seizures.

Risk factors for Preeclampsia/Severe Maternal Hypertension	<ul style="list-style-type: none"> • High blood pressure/gestational hypertension during most recent pregnancy • Obesity • Having multiples (twins, triplets, etc.) • Chronic high blood pressure before pregnancy • Personal or family history of preeclampsia/severe hypertension
Management	<p>Unstable: stabilize or transfer to a venue capable of intervention.</p> <p>Stable: evaluation can proceed.</p> <p>Symptoms:</p> <ul style="list-style-type: none"> • Severe headache • Changes in vision • Upper Abdominal pain • Reduced urine output • Dizziness • Excessive nausea and vomiting • Swelling of hands and feet • Shortness of breath • Seizures/seizure-like activity • Proteinuria <p>Signs</p> <ul style="list-style-type: none"> • Hypertension (SBP >160 or DBP>105 mmHg) • Thrombocytopenia (<100k) • Elevated transaminases • Elevated creatinine (>1.1) • Pulmonary edema • <p>Tests to evaluate:</p> <ul style="list-style-type: none"> • Serial BP q1hr • Labs: CBC, AST, ALT, Urine dip for protein, UA, LDH, & Uric acid <p>Treatment:</p> <ul style="list-style-type: none"> • Initiate anti-hypertensives (Labetalol*, Hydralazine, and or Nifedipine) • Initiate prophylactic magnesium sulfate to prevent seizures per treatment guidelines <p>*Avoid Labetalol use in patients with asthma.</p>
Consult	<p>If Preeclampsia/Severe Maternal Hypertension is suspected, consult an OB/GYN or call the MIST Consultation Line at 800-UAB-MIST (800-822-6478)</p>

For more information or resources, please visit ALPQC.ORG.

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