CHRONIC/ ESSENTIAL HYPERTENSION

Hypertension present <20wks

(Low dose aspirin 75mg once daily 12-34wks)

Maintain BP 150/80-100, unless endorgan damage when aim 140/90

Refer to DAU/ OTA

- BP Profile >150/100
- Treat with antihypertensive
- Aim <150/80-100
- If BP controlled, can have outpatient review.

Investigations

- Bloods: PIH bloods (FBC, UE, LFT, urate) as baseline
- No need to repeat bloods if: normal results, BP controlled, no protein at subsequent visits.
- Growth scan 28 and 34wks

Management Plan

- CMW BP and urine
- Consultant review ANC/ Mx plan
- Refer DAU if >/=+ proteinuria or BP >/= 160/110

A full assessment of the patient should be performed: Previous history of pre-eclampsia Previous pregnancy induced hypertension Pre-existing vascular or renal disease Gestational age at presentation This should include assessment of risk factors:
First pregnancy
Age ≥40 years
Pregnancy interval >10years
BMI ≥35 kg/m²
Family history of pre-eclampsia
Multiple pregnancy