Mild Hypertension 140-149/ 90-99

WITH proteinuria >/= + or ACR >30mg/mmol

## Refer to DAU/ OTA

- FBC, UEs, LFTs, urate
- CTG
- BP Profile and urine
- ACR
- Do not treat unless > 150/100

If BP persists > 140/90

→ ADMIT

## As an inpatient

- BP control 150/80-100
- 4 hrly BP check
- Daily urinalysis and 1 x ACR
- Growth USS, LV and umbilical artery doppler
- Consultant WR review

## **Consultant Management Plan**

- Inpatient/outpatient Mx
- Monitor growth
- Frequency of fetal monitoring
- PET bloods twice weekly
- Consider steroids according to gestation
- Timing of delivery

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

[NHS Lothian Pre-eclampsia/mild HT algorithm - Obstetric Triage Feb 2015]