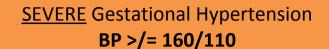
SEVERE PREGNANCY INDUCED HYPERTENSION



NO PROTEINURIA

Refer to DAU/ OTA

- BP Profile, urinalysis
- CTG
- Treat with first line antihypertensive to aim BP <150/ 80-100
- FBC, UEs, LFTs, urate
- ADMIT

Investigations

- BP 4hrly, daily urinalysis
- Bloods <u>twice weekly</u> as inpatient
- Growth scan, LV and umbilical artery doppler
- Consider steroids
- Consultant WR review
- OP review if BP controlled

Management Plan

- Twice weekly CMW BP + urine with repeat weekly bloods
- Growth scan every 2wks
- Consultant review 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

SC/AB/BT