

# HYPERTENSION IN Pregnancy/PreEclampsia ✓

## ★ Hypertension in Pregnancy

< 20 **CHRONIC** > 12wk PP

S > 140 2 readings  
D > 90 4 Hours Rest

> 20 **GESTATIONAL** ⊕ Protein

⊕ Protein  
⊕ 12-week PP  
⊕ Proteinuria

### Delivery

CHTN well control, no meds on meds → 38-40  
37-40  
Not Well Controlled, meds → 36-38

Gestational HTN WITHOUT Severe

37 or When Diagnosed

GHTN with Severe Range

34 weeks or When Diagnosed

## PreEclampsia

24h Urine > 300mg  
Pr: Cr ≥ 0.5

### Delivery

37 or When DX  
PreEclampsia

34-37 or When DX  
PreEclampsia with Severe Features

## SEVERE Features

→ Vascular

→ Renal

→ Cerebral

→ Hematological

→ Hepatic

BP > 160/110  
Pulmonary Edema

S Cr > 1.1 mg/dL or Cr (2x) ~~Renal disease~~

Headache  
Visual Disturb

Hemolysis  
Thrombocytopenia (< 100,000)

2x Elevated LIVER ENZYMES  
⊕ UG / Epigastric

Fatty Liver of Pregnancy

1/2 Hepatic  
Renal  
PreE

Low Glucose < 50  
Liver dysfxn  
Prolonged PTT

Maternal / Fetal Death ✓ Delivery

## Delivery Now?

✗ PreE without Severe Features and Remote from Term

## Treatment

Magnesium

therapeutic = 4-8 mg/dL

6 10 Lose DTR

16 Resp arrest antidote?

22 arrest  
AV Block

Ca gluconate IV  
1g over 2min

## CHTN (a little more)

### What causes it?

1. Essential Hypertension
2. Coarctation Of Aorta
3. Cushing Syndrome
4. Pheochromocytoma
5. Renal Disease
6. Renal artery stenosis
7. Primary Hyperaldosteronism
8. Sleep Apnea
9. Methamphetamines/ Cocaine use

### ACOG Treatment

L ABETALOL  
N ifedipine  
M ethyldopa

Thiazide 🍌

✗ ACEI

Can leave them on a thiazide if already on and its controlling well

CONTRAINDICATED

