## CARE PROTOCOL: Chronic Hypertension during Pregnancy

<table>
<thead>
<tr>
<th>Gestational age</th>
<th>Recommended Intervention</th>
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| <20 weeks gestation | - Confirm GA/EDC.  
- Check blood pressure (BP) and determine need for treatment; if BP >160/100, initiate antihypertensive therapy:  
  - Labetalol – first-line medication choice.  
  - Nifedipine – second-line medication choice.  
- Obtain baseline results for:  
  - 24-hour urine for total protein and serum creatinine.  
  - Liver function tests.  
  - Platelet count.  
- Initiate home BP monitoring and establish BP review every 2 to 4 weeks; instruct patient to call if readings are consistently >160/100.  
- Review signs and symptoms of preeclampsia. |
| 20–28 weeks gestation | - Perform ultrasound to assess fetal growth and AFI at 28–30 weeks gestation.  
- Check BP and determine need to initiate or adjust antihypertensive therapy (see first- and second-line choices in row above); consider antenatal surveillance if hypertension or preeclampsia (see schedule in the row below).  
- Repeat 24-hour urine test if evidence of proteinuria on urine dip or concern re: preeclampsia.  
- If indications of superimposed preeclampsia or placental dysfunction:  
  - Admit for evaluation of maternal/fetal condition. Transfer to tertiary care center if appropriate NICU services are not available.  
  - Give steroids. See PTL/PTB Medication Table on page 23.  
  - Give magnesium sulfate (if not already receiving for seizure prophylaxis). See PTL/PTB Medication Table on page 23. |
| 29–32 weeks gestation | - Check BP and determine need to initiate or adjust antihypertensive therapy (see first- and second-line choices in row above).  
- If indications of superimposed preeclampsia or placental dysfunction:  
  - Admit for evaluation of maternal/fetal condition. Transfer to tertiary care center if appropriate NICU services are not available.  
  - Give steroids. See PTL/PTB Medication Table on page 23.  
  - Give magnesium sulfate (if not already receiving for seizure prophylaxis). See PTL/PTB Medication Table on page 23.  
- Initiate antenatal surveillance (nonstress test, amniotic fluid assessment, and biophysical profile) per schedule below:  
  - No hypertension, IUGR, or oligohydramnios: consider weekly testing beginning at 32 weeks gestation.  
  - Mild hypertension (>140/90) or preeclampsia: test twice a week beginning at 32 weeks or at diagnosis.  
  - Severe preeclampsia: test twice a week beginning at 28 weeks or at diagnosis. |

### Delivery timing

Delivery will occur at >37 weeks GA unless one of the following occurs:

- Severe preeclampsia.
- Nonreassuring fetal status noted on antenatal surveillance.

### PATIENT EDUCATION MATERIALS

Intermountain fact sheets supporting this risk-specific protocol:

- How to Monitor Your Blood Pressure
- BP Tracker
- Fetal Testing (nonstress test, amniotic fluid assessment, and biophysical profile)

Fact sheets available in English and Spanish. See page 25 for a list of all related resources, instructions for accessing them.

### KEY ACTIONS for providers:

- Initiate home BP measuring and review log every 2–4 weeks.
- Follow delivery timing guidelines in this protocol.