


CARE PROTOCOL: Previous Indicated PTB due to Preeclampsia

Gestational age	Recommended Intervention
<20 weeks gestation	<ul style="list-style-type: none"> • Confirm GA/EDC. • Check blood pressure (BP) and determine need for treatment; If BP >160/100 mm Hg, initiate antihypertensive therapy: <ul style="list-style-type: none"> – Labetalol – first-line medication choice. – Nifedipine – second-line medication choice. • Obtain baseline results for: <ul style="list-style-type: none"> – 24-hour urine for total protein and serum creatinine. – Liver function (AST/ALT). – Platelet count. • Initiate low-dose aspirin therapy as early as possible in pregnancy. • Initiate home BP monitoring and establish BP review every 2–4 weeks; instruct patient to call if readings are consistently >160/100. • Review signs and symptoms of preeclampsia.
20–28 weeks gestation	<ul style="list-style-type: none"> • Review BP. <ul style="list-style-type: none"> – If BP consistently >160/100, initiate or increase antihypertensive medication; see first- and second-line medication choices in row above. • Perform ultrasound for fetal growth and AFI at 28–30 weeks gestation in any of these circumstances: <ul style="list-style-type: none"> – If BP is elevated (>140/90). – If BP is normal but patient is on antihypertensive therapy. – If clinical suspicion of growth restriction. • Consider admission to hospital and Maternal-Fetal Medicine consult; treat with magnesium sulfate (if not already receiving for seizure prophylaxis) and steroids in any of the circumstances listed below; see PTL/PTB Medication Table on page 23: <ul style="list-style-type: none"> – If BP >160/100. – If evidence of placental dysfunction (IUGR, oligohydramnios, or elevated umbilical artery Doppler velocimetry). – If significant concern for preeclampsia.
29–32 weeks gestation	<ul style="list-style-type: none"> • Review BP. <ul style="list-style-type: none"> – If BP consistently >160/100, initiate or increase antihypertensive medication; see first- and second-line medication choices in first row of this table. • Consider admission to hospital and Maternal-Fetal Medicine consult and treat with magnesium sulfate (if not already receiving for seizure prophylaxis) and steroids in any of the circumstances listed below; see PTL/PTB Medication Table on page 23: <ul style="list-style-type: none"> – If BP >160/100. – If evidence of placental dysfunction (IUGR, oligohydramnios, or elevated umbilical artery Doppler velocimetry). – If significant concern for preeclampsia. • Initiate antenatal surveillance (nonstress test, amniotic fluid assessment, and biophysical profile) per schedule below: <ul style="list-style-type: none"> – 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	<ul style="list-style-type: none"> • Preterm delivery is generally accepted if any of the following are present: <ul style="list-style-type: none"> – Eclampsia. – Blood pressure of 160 mm Hg systolic or higher, or 110 mm Hg diastolic or higher on at least two occasions while the patient is at rest and which does not respond to antihypertensive treatment. – Oliguria of less than 500 mL in 24 hours. – Cerebral or visual disturbances. – Pulmonary edema. – Epigastric or right upper-quadrant abdominal pain. – Impaired liver function as demonstrated by elevated liver enzymes (AST >100). – Thrombocytopenia (platelet count <100,000). – Fetal growth restriction or oligohydramnios (in the setting of preeclampsia).
PATIENT EDUCATION MATERIALS 	<p>Intermountain fact sheets supporting this risk-specific protocol:</p> <ul style="list-style-type: none"> • 24-hour Urine Specimen • Preeclampsia • How to Monitor Your Blood Pressure • BP Tracker • Fetal Testing (nonstress test, amniotic fluid assessment, and biophysical profile) <p><i>Fact sheets available in English and Spanish. See page 25 for a list of all related resources, instructions for accessing them.</i></p>

✓ KEY ACTIONS for providers:

- Initiate ASA therapy before 12 weeks gestation.
- Initiate home BP measuring and review log every 2–4 weeks.
- Follow delivery timing guidelines in this protocol.