

CARE PROTOCOL: Chronic Hypertension during Pregnancy

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, 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 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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	<ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> – 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: <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	<p>Delivery will occur at >37 weeks GA unless one of the following occurs:</p> <ul style="list-style-type: none"> • Severe preeclampsia. • Nonreassuring fetal status noted on antenatal surveillance.
PATIENT EDUCATION MATERIALS	<p>Intermountain fact sheets supporting this risk-specific protocol:</p> <ul style="list-style-type: none"> • 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 home BP measuring and review log every 2–4 weeks.
- Follow delivery timing guidelines in this protocol.