Safer Care Victoria

Maternity and Newborn Clinical Network

Chronic hypertension: antenatal care and planning for birth

Hypertension at booking
or
<20/40
Systolic BP >140 mmHg
and/or
Diastolic BP >90 mmHg

Signs or symptoms of pre-eclampsia

Refer to hospital
(see Pre-eclampsia flowchart)

No signs or symptoms of pre-eclampsia
Assess for risk factors

High risk for pre-eclampsia
Commence prophylaxis
Aspirin 150 mg daily (nocte)
Calcium 1.5 g daily

Severe hypertension
Systolic BP ≥170 mmHg
and/or
Diastolic BP ≥110 mmHg

Admit to hospital for acute treatment

Do not allow BP to fall below 140/80

- Nifedipine, maximum 40 mg, oral
- Labetalol, 20–80 mg, IV bolus over 2 minutes
- Hydralazine, 5–10 mg, IV bolus over 5 minutes administered by a medical officer, or IM injection

Fluid restriction

- Nil by mouth
- 80 ml/hr IV crystalloid

Mild-moderate hypertension

First diagnosis

Pre-existing

Not medicated

Medicated

Systolic BP >150 mmHg
and/or
Diastolic BP >95 mmHg
Consider antihypertensive medication

Ensure use of first line agents

- labetolol
- methyldopa

Ongoing care

Refer for

- Ophthalmic examination
- ECG (if not done recently)
- 24-hour urine catecholamines (if medicated)
- Urinalysis for proteinuria and spot urine PCR
- Serum electrolytes

Antenatal care – aim for BP <150/100

- Individualise schedule of antenatal visits
- 20 week US for morphology
- 28–30 weeks US for growth
- 30–32 weeks US for growth
- CTG if clinically indicated: e.g. abnormal fetal growth, decreased fetal movement, unstable BP

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