Woman of childbearing age comes into Emergency or Outpatient services with ANY of the following signs/symptoms:

Headache
Stroke Like Symptoms
High Blood Pressure
Epigastric Pain
Shortness of Breath
(Pulmonary Edema)
Dark Concentrated Urine
Nausea & or Vomiting
Visual Disturbances
Proteinuria
Low platelets (HELLP)
Elevated liver enzymes

AND
is pregnant
OR has been
in past 12 weeks...

Do not delay –
work up for preeclampsia
Consult with OB Provider

CONSIDER MATERNAL HYPERTENSION - DO NOT DELAY!

Obtain Labs:
Urine Protein
Urine P/C Ratio
CBC and Differential with Platelets
Lactate Dehydrogenase
AST & ALT
Coagulation studies
Type and Screen
Fetal Ultrasound if pregnant

Consider:
Troponin
Uric Acid
Uterine and Umbilical Artery Doppler

BP Thresholds:
Systolic BP greater than or equal to 160 mm Hg
OR
Diastolic BP greater than or equal to 110 mm Hg
AND
Two successive readings, no longer than and no less than 15 minutes apart.

Medications to Initially Control BP:
- **Administer antihypertensive ASAP** (expectation is <60 minutes, sooner is optimal)
- Oral Nifedipine IR until IV in place 10 -20 mg, oral, ONCE PRN (minimum 20-minute interval between doses
- IV labetalol 20-40 mg, IV, Q10MIN PRN; Maximum dose: 220-240 mg/24 hours. Onset: 2-5 min Peak: 5 min
- IV hydralazine 5-10 mg, intravenous, Q20MIN PRN.

***Seizure Prophylaxis**
1. Magnesium Sulfate 4 gram loading dose, IV over 20-30 minutes
Immediately follow with:
   a. Magnesium Sulfate 2 grams/hour IV, maintenance

Seizure Management *Options:
1. Magnesium Sulfate 4 gram loading dose, IV over 15-20 minutes if not running prior to seizure ***-OR-***
2. Magnesium Sulfate 2 gram bolus dose, IV over 5 minutes if running prior to seizure ***-OR-***
3.Magnesium Sulfate 4 gram, IM if no IV
And Then/Or….
   1. Midazolam 1-2mg, IV
   2. Lorazepam 2mg, IV
   3. Diazepam (Valium) 5-10mg IV -Not compatible with Magnesium
   4. Phenytoin 1gram IV over 20 min.
   5. (Ativan) 2 mg IV

Vital and Assessment Frequency:
- Once below BP thresholds with IV Medication/s:
  a) Repeat BP q10 minutes x 1 hour, then
  b) Q 15 minutes x 1 hour, then
  c) Q 30 minutes x 1 hour, then
  d) Q 4 hours
- Temperature every 4 hours (every 2 hours if ruptured membranes)
- Breath sounds at the start of Magnesium Sulfate and every 4 hours when on a stable dose.
- Continuous pulse oximetry
- BP, P, RR, and reflex/clonus when Magnesium Sulfate is started, then:
  a) Q 15 minutes x 4 then
  b) Q 30 minutes x 2 or until stable, then
  c) Q 2 hours x 12 hours, then
  d) Q 4 hours and PRN,
- Intake and Output – Strict

**See MNPQC Care Process Model

When severe Obstetrical Hypertension is confirmed *(see BP thresholds)* Goal is rapid antihypertensive therapy ASAP (< 60 min)

Differential Diagnosis:
HELLP syndrome
Acute fatty liver of pregnancy (AFLP)
Thrombotic microangiopathy
(eg, thrombotic thrombocytopenic purpura [TTP]
Hemolytic-uremic syndrome [HUS])
Systemic lupus erythematosus (SLE)
Antiphospholipid syndrome (APS)
Pulmonary Thromboembolism
Peripartum Cardiomyopathy

Consult:
Primary OB Provider and or High Risk MFM Provider ***-and/or-***
Transfer to a OB unit or higher level of care as soon as possible

**** Guidelines are subject to facility specific protocols, medication availability, level of care at each facility, and timing with ability to transfer to higher level of care.***

- American College of Obstetricians and Gynecologists (ACOG): Practice bulletin on gestational hypertension and preeclampsia (2020)
- ACOG: Committee opinion on emergent therapy for acute-onset, severe hypertension during pregnancy and the postpartum period (2019)
- ACOG: Practice bulletin on chronic hypertension in pregnancy (2019)
- ACOG: Committee opinion on low-dose aspirin use during pregnancy (2018)
- US Preventive Services Task Force (USPSTF): Final recommendation statement on preeclampsia – Screening (2017)
- Choosing Wisely: Don't routinely recommend activity restriction or bed rest during pregnancy for any indication (2016)
- California Maternal Quality Care Collaborative (CMQCC): Preeclampsia toolkit (2014)
- Choosing Wisely: Don't do an inherited thrombophilia evaluation for women with histories of pregnancy loss, intrauterine growth restriction (IUGR), preeclampsia and abruption (2014)
- USPSTF: Final recommendation statement on low-dose aspirin use for the prevention of morbidity and mortality from preeclampsia – Preventive medication (2014)