

BLOOD PRESSURE MONITORING DURING PREGNANCY
(Children First)

I. DEFINITION:

- A. Preeclampsia: The development of an elevated blood pressure *with* proteinuria due to pregnancy; primarily a complication of primigravidas, occurring after 20 weeks gestation. It is often accompanied by rapid weight gain and edema. Classic triad of symptoms = elevated blood pressure, edema, and proteinuria.
- B. Eclampsia: Preeclampsia with the addition of one or more episodes of seizure activity.
- C. Chronic Hypertension:
 - 1. Chronic hypertensive vascular or renal disease without superimposed preeclampsia or eclampsia.
 - 2. Elevated blood pressure occurring prior to pregnancy, before the 20th week of gestation, or persisting longer than 12 weeks after delivery.
- D. Gestational Hypertension: The development of an elevated blood pressure *without* proteinuria during pregnancy or within the first 24 hours postpartum in a previously normotensive woman who has no evidence of hypertensive vascular disease.

II. CLINICAL FEATURES:

- A. Blood pressure 140/90 or higher on two occasions at least 4 hours apart, but no more than one week apart. A blood pressure > 160 mm Hg systolic or > 110 mm Hg diastolic can be confirmed within a short interval (minutes) to facilitate timely antihypertensive therapy.
- B. If present, proteinuria of 1+ or greater by urine dipstick on two or more occasions at least six hours apart.
- C. Sudden weight gain over 1-2 days, of more than 2 pounds in a week.
- D. Generalized edema (especially hand and face).
- E. Associated symptoms to report include headache, blurred vision, oliguria, and epigastric pain not relieved by antacids.

III. MANAGEMENT PLAN:

- A. Alert client's OB provider or have her alert OB provider immediately for blood pressure 140/90 or higher AND previously documented elevated pressure OR if associated with any of the other signs and symptoms.
- B. Instruct client to decrease stimuli (dark room, decrease noise level) and lie on left side.
- C. Retake blood pressure with client on left side. If blood pressure drops significantly – usually an indication of preeclampsia. Have client contact OB provider.
- D. If pressure greater than or equal to 160/110, notify OB provider immediately.

IV. CLIENT EDUCATION:

- A. Watch for associated signs/symptoms:
1. Headache
 2. Blurred vision
 3. Epigastric pain unrelieved by antacids
 4. Sudden weight gain over 1-2 days (> 2 lbs/week)
 5. Edema (especially hands and face)
 - a. Dependent edema is common in pregnancy
 - b. Assess for changes or edema that does not improve when extremities elevated
 6. Possibility of seizure associated with high blood pressure
- B. Risk factors for development of gestational hypertension/preeclampsia
1. First pregnancy
 2. Multiple gestation
 3. Chronic hypertension
 4. Chronic renal disease
 5. Obesity
 6. Diabetes Mellitus/obesity/insulin resistance
 7. Maternal age greater than 35
 8. History of gestational hypertension/preeclampsia in previous pregnancy
 9. African American
- C. Possible Interventions
1. Decrease environmental stimulation
 2. Bed rest
 3. Ultrasound to evaluate possibility of multiple gestation and fetal development
 4. 24 hour urine collection
 5. High protein/low salt diet
 6. Frequent lab tests to evaluate kidney and liver function

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