BLOOD PRESSURE MONITORING DURING PREGNANCY

I. DEFINITION:

A. Preeclampsia: During pregnancy the development of an elevated blood pressure with proteinuria, or in the absence of proteinuria the client presents with elevated blood pressure and at least one of the following: Creatinine >1.1, platelets <100,000, or doubling of liver enzymes. Preeclampsia is primarily a complication of primigravidas, occurring after 20 weeks gestation. It is often accompanied by rapid weight gain and edema.

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 or above lab value changes, 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 on two occasions at least 4 hours apart. If associated with any of the other associated signs and symptoms notify OB provider immediately and refer to the nearest healthcare facility for blood pressure management. Complete the ODH399 Referral Form per instructions on any referrals made.

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 and refer to the nearest healthcare facility for blood pressure management.

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

REFERENCES:


