Chronic hypertension: antenatal care and planning for birth

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

**Severe hypertension**
- Systolic BP >170 mmHg
- 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

**Signs or symptoms of pre-eclampsia**
- Refer to hospital (see Pre-eclampsia flowchart)

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

**Mild-moderate hypertension**
- Systolic BP >150 mmHg
- Diastolic BP >95 mmHg

Consider antihypertensive medication
Ensure use of first line agents
- labetolol
- methyldopa

**Pre-existing**
- Not medicated
- Medicated

**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

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

**Ongoing care**
- Ensure use of first line agents

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