Chronic Hypertension

Chronic hypertension is defined as women with hypertension that predates pregnancy or is documented prior to 20 weeks of gestation. This group is at high-risk for needing an iatrogenic preterm delivery because of their elevated risk for superimposed preeclampsia and concomitant diagnoses.

There are several strategies for preventing iatrogenic PTB for these women. First, all women with chronic hypertension should be identified. Ideally, this group of women will have received referral for a preconception consultation with an MFM subspecialist or an obstetrician-gynecologist, but if not, early identification (e.g., first prenatal visit) will help optimize their care. Management is based on the Hypertension in Pregnancy Executive Summary¹ and key points summarized in the slides.

Care should focus on:
- Early referral to MFM/OB for consultation
- Baseline labs
- Discontinuation of teratogenic agents
- Controlling hypertension treat with anti-hypertensive agents if BP >160/110 and maintain between 120-160/80-105
  *Agents of choice include labetalol, nifedipine, methyldopa
- Low-dose aspirin for women at high risk for superimposed preeclampsia
- Plan for antenatal surveillance; screen for growth restriction, BPPs/NSTs after 32 weeks of gestation
- Monitoring for preeclampsia
- Referral to tertiary care center if early superimposed preeclampsia identified

Reference:
This algorithm and key driver material was written by a group of experts in the field of Preterm Birth. It was then reviewed by the Society for Maternal-Fetal Medicine’s (SMFM’s) Publications Committee, Executive Committee and Risk Management.

Standardization of healthcare processes and reduced variation has been shown to improve outcomes and quality of care. SMFM developed these documents to help facilitate the standardization process. These algorithms and key driver documents are “tools” to assist clinicians and practices. The practice of medicine continues to evolve, and individual circumstances may vary. They reflect clinical and scientific advances as of the date issued and are subject to change. They are not intended to dictate a certain management or course of action. We encourage users to adapt them to their particular situation, environment and patient population.

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Posted 9/16