SMFM Preterm Birth Toolkit

Chronic Hypertension Matrix

Society for Maternal - Fetal Medicine

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## PTB Best Practice Matrix – Chronic Hypertension

<table>
<thead>
<tr>
<th>What (best practice/strategy)</th>
<th>Brief description</th>
<th>Implementation Institution</th>
<th>People implementing it</th>
<th>Target of this practice</th>
<th>How to achieve (specific steps)</th>
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</table>
| - Referral to MFM/OB for preconception consultation or early consultation if already pregnant | Refer patients to MFM or OB for preconception counseling, particularly if patient is contemplating pregnancy or consultatioin if already pregnant | All offices and clinics providing care to reproductive-aged women with chronic hypertension | • Medical assistants  
• Nursing  
• Prenatal provider (physician, midwife, nurse practitioner) | **Who:** Medical assistants; Nursing, Prenatal provider  
**What:** Identify reproductive women considering pregnancy or early pregnant with chronic hypertension  
**How:** Education to above providers | • Provider education  
• EMR flag |
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| **Baseline labs**             | Order: Platelets LFTs Creatinine 24 hour urine or urine P:C ratio | All offices and clinics providing prenatal care | Prenatal provider (physician, midwife, nurse practitioner) | **Who:** Prenatal provider (physician, midwife, nurse practitioner)  
**What:** Additional baseline labs at first prenatal visit  
**How:** Add orders to first prenatal visit in women with CHTN | **Provider and Patient education (handouts, booklets, etc)**  
**Order-set in EMR with concurrent diagnosis of CHTN**  
**Flag to provider to remind regarding adding these labs** |
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| Control hypertension         | Treat with anti-hypertensive agents if BP >160/110 and maintain between 120-160/80-105 | All offices and clinics providing prenatal care | Prenatal provider (physician, midwife, nurse practitioner) | Who: Prenatal provider (physician, midwife, nurse practitioner)  
What: Medical management of hypertension when appropriate  
How: Monitor and add appropriate antihypertensive agents | Provider and Patient education (handouts, booklets, etc) regarding specific preferred agents  
EMR flag if recorded BP value exceeds 160/110.  
Medication choices: labetalol, nifedipine, methyldopa |
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<td>- Plan for antenatal surveillance; screen for growth restriction, BPPs/NSTs after 32 weeks in those women on medication or those women with other comorbidities complicating the hypertension.</td>
<td>Arrange for ultrasounds to assess fetal growth from 24 weeks on and either BPPs/NSTs from 32 weeks on.</td>
<td>All offices and clinics providing prenatal care</td>
<td>• Prenatal provider (physician, midwife, nurse practitioner)</td>
<td>Who: Prenatal provider (physician, midwife, nurse practitioner)</td>
<td>• Provider and Patient education (handouts, booklets, etc) • EMR Flag</td>
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| Consideration of low-dose aspirin for women at high risk for superimposed preeclampsia | Identify women who would benefit from low-dose aspirin (history of early-onset preeclampsia in a previous pregnancy necessitating early delivery (<34 weeks) or preeclampsia in more than one prior pregnancy. | All offices and clinics providing prenatal care | • Prenatal provider (physician, midwife, nurse practitioner) | Who: Prenatal provider (physician, midwife, nurse practitioner)  
What: Review patient history  
How: Identify patients who meet criteria | • Provider and Patient education (handouts, booklets, etc) |
Disclaimer

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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