

PROTOCOL #17 - Maternal Fetal Medicine, University of New Mexico

CHRONIC HYPERTENSION

A diagnosis of chronic hypertension will be made under the following circumstances:

1. A verified history of hypertension (BP \geq 140/90) when not pregnant or prior to 24 weeks of the current or a previous pregnancy.
2. When hypertension is first observed after 24 weeks' gestation, a diagnosis of toxemia will be made until proven otherwise. When the patient's arm has a circumference exceeding 32 cm, a large cuff must be used.
3. Blood pressure should be taken in the sitting position.

Patients in whom the diagnosis of chronic hypertension is made should be treated as follows:

1. Outpatient management will usually be employed.
2. Antihypertensive and/or diuretic medications will be discontinued.
3. As long as diastolic blood pressure remains $<$ 90 mm, bedrest will not be indicated.
4. If, in the sitting position, the diastolic blood pressure is \geq 90 mmHg on two consecutive occasions or on any four occasions, bedrest will be instituted (4 hours).
 - a. The amount of bedrest may be increased as needed.
 - b. Bedrest (of any duration) may be instituted on other clinical grounds at any time.
5. Once the patient is on a program of bedrest:
 - a. If diastolic blood pressure with patient in the sitting position is $<$ 90 mm, standard fetal surveillance is not indicated.
 - b. If diastolic blood pressure with patient in the sitting position is \geq 90 mm on 2 consecutive occasions or on any 4 occasions, fetal surveillance is indicated. (NST biweekly, AFI once per week) BPP to be done if clinically indicated.
 - c. Fetal surveillance will be started at 28-32 weeks or earlier if indicated. Patients requiring more than 4 hours of bedrest per day will have fetal surveillance regardless of sitting blood pressure.
 - d. Blood pressure should be checked at least once weekly.
 - e. Fetal surveillance may be indicated on the basis of complicating factors regardless of blood pressure levels.
 - f. If, at any time, on complete bedrest, the diastolic blood pressure in the sitting position remains over 106, the patient will be hospitalized. If under complete bedrest in the hospital, diastolic blood pressures remain over 106, treatment with an appropriate antihypertensive will be started.
 - g. Renal function tests will be obtained at the initial visit and at 28 weeks or more often if indicated.
 - h. At each clinic visit, blood pressures will be measured with the patient sitting or on her back, and on her left side.
 - i. Delivery will be accomplished no later than 40 weeks.

CONSULTATION: Twenty-four hour consultation is available by calling the Maternal Fetal Medicine service at the University of New Mexico Hospital. 1-888-866-7257.