



Management of Preeclampsia

Preeclampsia is characterized by new onset of hypertension and proteinuria or hypertension and significant end-organ dysfunction, with or without proteinuria after 20 weeks of gestation or postpartum. **In the U.S., hypertensive disorders, including preeclampsia, contribute to 7.4% of pregnancy-related deaths.** Mental health issues, such as postpartum depression and post-traumatic stress disorder, can also be associated with preeclampsia.

Best Practices for Preeclampsia Management

Prenatal

- **Early Identification and Risk Assessment:** Conduct a thorough risk assessment during the initial prenatal visit, considering medical history, predisposing factors, and non-medical drivers of health (NMDOH). Identify high- and moderate-risk patients promptly.

Risk Factors:

High Risk

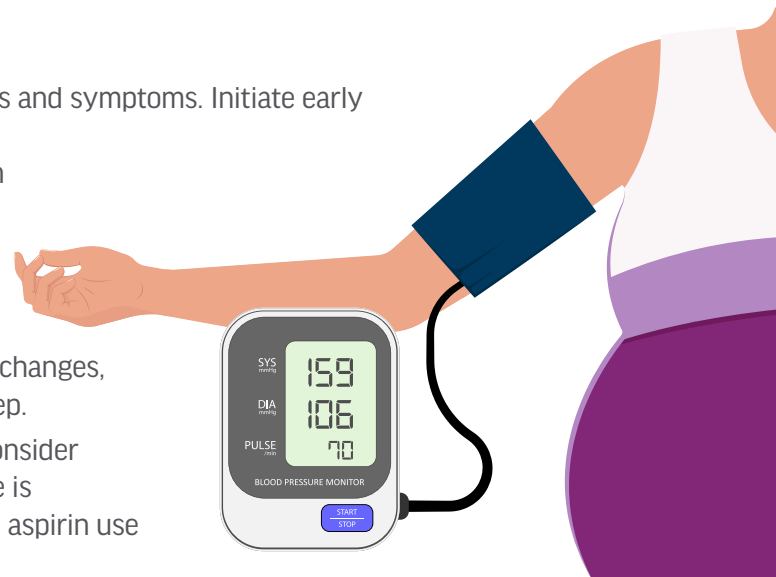
- Kidney disease
- Diabetes mellitus
- Multifetal gestation
- Chronic high blood pressure
- Previous occurrence of preeclampsia
- Autoimmune conditions, such as lupus

Moderate Risk

- First-time pregnancy
- Body mass index (BMI) over 30
- Pregnancy more than 10 years after a previous pregnancy
- Family history of preeclampsia (mother or sister)
- Black race
- Low income
- Age 35 or older
- In vitro fertilization (IVF)
- Complications in previous pregnancies, such as having a baby with low birth weight

Treating Preeclampsia

- **Regular Monitoring:** Educate patients on preeclampsia signs and symptoms. Initiate early and frequent monitoring for high-risk patients, including regular blood pressure checks. Encourage pregnant women to monitor their own blood pressure at home, reporting any readings above 140/90. Emphasize fetal movement self-monitoring. Stress the importance of regular prenatal care throughout the pregnancy.
- **Lifestyle Modification:** Empower patients to make lifestyle changes, including dietary modifications, exercise, and adequate sleep.
- **Antihypertensive Medication and Low-dose Aspirin Use:** Consider antihypertensive therapy for women whose blood pressure is persistently elevated over 150/100 mmHg. Initiate low-dose aspirin use



before 16 weeks' gestation for high-risk patients and patients with two or more moderate risk factors.

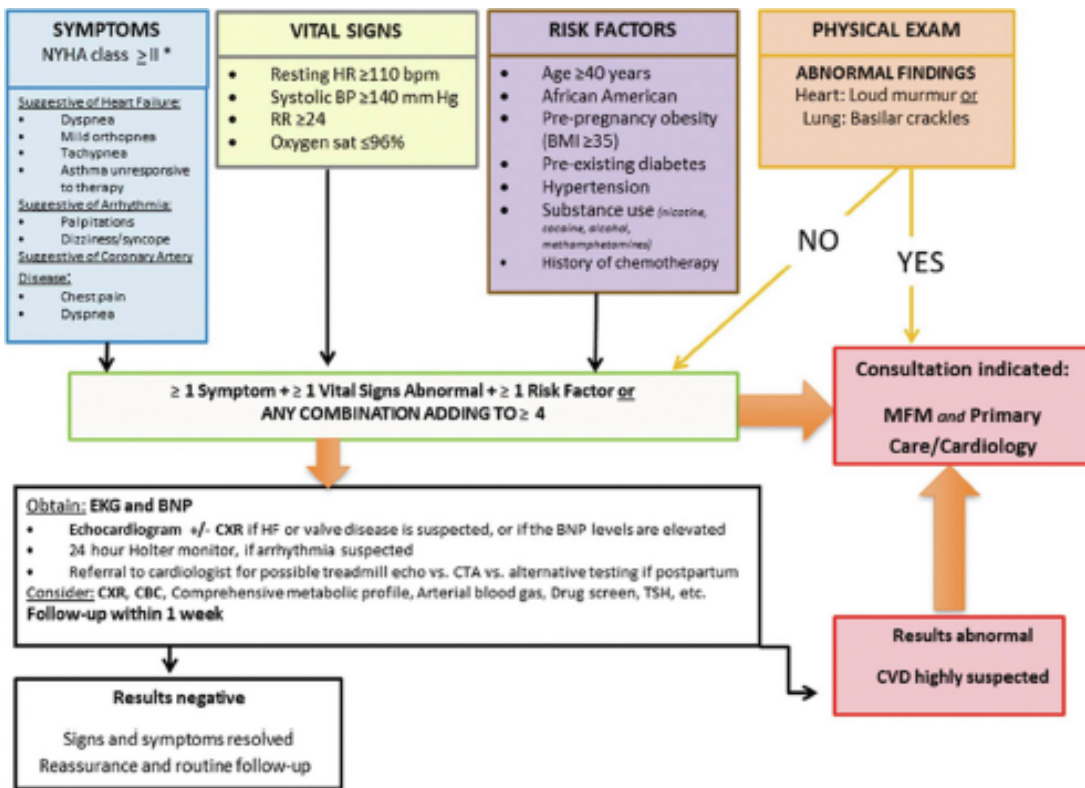
- **Laboratory Tests:** Repeat laboratory tests of biochemical and hematological parameters 2-3 times a week, based on the severity and progression of the disease.
- **Customized Prenatal Care Models:** Explore models such as group care, telehealth, and Connected Care visits for customized prenatal care.

Postpartum

- Preferentially use NSAIDs over opioid analgesics.
- Continue blood pressure measurement postpartum for all women.
- Prescribe antihypertensive medication if hypertension persists after delivery.
- Schedule a blood pressure check visit 3-10 days post-delivery. For mothers on medications, recommend a return visit in 3 days; for those without medications, suggest a return visit in 7-10 days.

Cardiovascular Disease Screening Advisory:

Preeclampsia increases the risk of cardiovascular disease, a leading cause of maternal mortality in the U.S. during and after pregnancy. ACOG recommends screening individuals with clinical indications using the provided algorithm.



References:

1. https://www.preeclampsia.org/public/frontend/assets/img/gallery/National_Partnership_for_Maternal_Safety_13_5.pdf
2. <https://www.ajog.org/action/showPdf?pii=S0002-9378%2823%2900260-0>
3. <https://www.acog.org/womens-health/infographics/preeclampsia-and-pregnancy>