**No10 COMMUNITY CARE PATHWAY FOR HYPERTENSIVE DISORDERS IN PREGNANCY - 14/07/2022 V6**

**NEW HYPERTENSION WITHOUT PROTEIN**
- Systolic ≥ 140 ≤ 159
  - Diastolic ≥ 90 but ≤ 100 on 2 occasions (15 minutes apart) and asymptomatic

  - Take bloods (FBC, U & E’s, LFT’s- urates if trust policy)
  - Arrange assessment within 24 hours in day unit

  - Refer to Day Unit for assessment within 4 hours

**NEW HYPERTENSION WITH PROTEIN**
- Systolic ≥ 160
  - OR
  - Diastolic ≥ 100
  - OR
  - Diastolic ≥ 90 ≤ 100 with symptoms
  - Take bloods (FBC, U & E’s, LFT’s- urates if trust policy)

**NEW PROTEINURIA WITHOUT HYPERTENSION**
- Urgent hospital referral if symptomatic

  - Send MSU

  - Follow pathway 3 if symptomatic of UTI

  - Follow pathway 9 if asymptomatic of UTI but positive urine culture

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**Principles of taking Blood Pressure**
- Diagnose hypertension if average systolic BP ≥ 140 and/or diastolic BP ≥ 90 on 2 occasions 4 or more hours apart

  - Full A/N assessment using correct cuff
  - If arm > 33cms, use large cuff
  - Use right arm
  - Take BP at the beginning and end of appointment
  - Take at level of heart
  - Take in sitting position
  - Take BP reading when sounds disappear
  - Check Urine, using a clean pot and midstream catch

  - If hypertensive repeat at end of consultation- at least 15 minutes after initial BP

  - Significant Signs / Symptoms:
    - Epigastric Pain
    - Vomiting
    - Headache
    - Visual Disturbances
    - Reduced fetal movements or change in pattern of movements
    - Small for gestation age infant

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Ref NG 201 Antenatal Care (2021). For advice on medication see Diagnosis and management of hypertension- a summary of NICE guidance (2019) BMJ- available at https://www.bmj.com/content/366/bmj.l6119/infographic