**SECONDARY CARE PATHWAY FOR HYPERTENSIVE DISORDERS IN PREGNANCY**

*In mild or moderate gestational hypertension only carry out CTG if fetal activity is abnormal (NICE, 2011).*

---

**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
  - Mild - 140/90 - 149/99
  - Moderate-150/100 - 159/109
  - Severe - ≥ 160/110
- 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 with feet supported
- Take BP reading when sounds disappear
- Check Urine, using a clean pot
- BP Profile: 5 readings 15 minutes apart, omit first 2 and average the last 3.

**Significant symptoms:**
- Epigastric pain
- Vomiting
- Headache
- Visual Disturbances
- Reduced fetal movements
- Small for gestation age

---

**REFERRAL FROM COMMUNITY**
- Repeat Urinalysis
- Perform BP profile
- Measure SFH
- Sonicaid
- CTG if FM concern

---

**If Reduced Fetal movement follow Reduced FM’s Pathway**
- Repeat Urinalysis
- Perform BP profile
- Measure SFH
- Sonicaid
- CTG if FM concern

---

**If Small for gestational age follow Trust SGA protocol**
- CMW/GP to reassess in one week
- Ensure patient is aware of symptoms and has details to self-refer urgently if concerned or deteriorates

---

**Hypertension Without Proteinuria**
- USS if fetal growth concern
- Consider Doppler
- Normal bloods Normal growth BP ≤ 149/99
- Abnormal bloods or BP ≥ 150/100

---

**Hypertension With Proteinuria**
- Send PCR and MSU
- USS
- If fetal growth concern, consider Doppler
- Diastolic > 90 / Systolic ≥ 150 and new proteinuria ≥ 2 or Diastolic ≥ 110 / Systolic ≥ 160 with proteinuria ≥ 1 or PCR ≥ 30

---

**Proteinuria ≥ 1 Without Hypertension**
- Review blood results
- If abnormal arrange obstetric review.
- If normal follow community care pathway for proteinuria without hypertension

---

**With Or Without Hypertension or Proteinuria**
- Significant symptoms
  - Epigastric pain
  - Vomiting
  - Headache
  - Visual Disturbances
  - Reduced fetal movements
  - Small for gestation age
- Obstetric Review

---

**Diastolic 100-109 /Systolic ≥ 150 with 1+ protein and abnormal bloods or Doppler’s**
- Urgent Obstetric review

---

**Diastolic 100-109 /Systolic ≥ 150 with 1+ protein and abnormal bloods or Doppler’s**
- Urgent Obstetric review