

Hypertension in pregnancy: assessment of proteinuria and care plans

Assessment of proteinuria

- Interpret proteinuria measurements in context of full clinical review and other investigations for pre-eclampsia.
- Use an automated reagent-strip reading device in secondary care.
- If dipstick screening is positive (1+ or more), use protein:creatinine ratio (PCR) or albumin:creatinine ratio (ACR) to quantify proteinuria.
- Do not use first morning urine void.
- Do not routinely use 24-hour urine collection.
- If using PCR:
 - use 30 mg/mmol as a threshold for significant proteinuria
 - if the result is 30 mg/mmol or more and uncertainty about the diagnosis remains, re-test on a new sample.
- If using ACR:
 - use 8 mg/mmol as a diagnostic threshold for pre-eclampsia
 - if the result is 8 mg/mmol or more and uncertainty about the diagnosis, re-test on a new sample.

Fetal monitoring plans for women with pre-eclampsia or severe gestational hypertension

Write a care plan that includes:

- timing and nature of future fetal monitoring
- fetal indications for birth and if and when antenatal corticosteroids should be given
- plans for discussion with neonatal paediatricians and obstetric anaesthetists.