Hypertension in pregnancy: chronic hypertension – antenatal care

Consultations

Schedule additional antenatal appointments (weekly, or every 2 to 4 weeks) based on individual needs and BP control.

Antihypertensive treatment

- Stop ACE inhibitors or ARBs within 2 working days of notification of pregnancy and offer alternatives.
- Start aspirin, 75 mg to 150 mg once daily, from 12 weeks.
- Offer antihypertensive treatment to women with sustained blood pressure of 140/90 mmHg or more.
- Use labetalol, nifedipine or methyldopa. Base the choice on any pre-existing treatment, side-effect profiles, risks (including fetal effects) and the woman's preference.
- Aim for target BP of 135/85 mmHg or less.

Fetal monitoring

At 28, 32 and 36 weeks carry out:

- ultrasound fetal growth and amniotic fluid volume assessment
- umbilical artery doppler velocimetry.

Only carry out cardiotocography if clinically indicated.

Suspected pre-eclampsia

Offer placental growth factor (PlGF)-based testing if suspected pre-eclampsia between 20 weeks of pregnancy and 36 weeks and 6 days of pregnancy.

Mode of birth

Choose mode of birth according to clinical circumstances and a woman's preference.

Timing of birth

- If BP less than 160/110 mmHg with or without antihypertensive treatment:
  - do not offer birth before 37 weeks
  - after 37 weeks, indications for birth and timing should be agreed between woman and senior obstetrician.
- If planned early birth, offer antenatal corticosteroids and magnesium sulfate if indicated, in line with the NICE guideline on preterm labour and birth.

Aspirin: although aspirin use for antihypertensive treatment is common in UK clinical practice, at the time of publication (June 2019), aspirin did not have a UK marketing authorisation for this indication. Community pharmacies cannot legally sell aspirin as a Pharmacy medicine for prevention of pre-eclampsia in pregnancy in England. Aspirin for this indication must be prescribed. The prescriber should see the summary of product characteristics for the manufacturer's advice on use in pregnancy. The prescriber should follow relevant professional guidance, taking full responsibility for the decision. Informed consent should be obtained and documented. See the General Medical Council's Prescribing guidance: prescribing unlicensed medicines for further information.

Nifedipine: at the time of publication (June 2019), some brands of nifedipine were specifically contraindicated during pregnancy by the manufacturer in its summary of product characteristics (SPC). Refer to the individual SPCs for each preparation of nifedipine for further details.

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This is a summary of advice on chronic hypertension - antenatal care from the NICE guideline on hypertension in pregnancy.