

Hypertension in pregnancy: intrapartum care and place of care

Hypertension

(BP 159/109 mmHg or less)

- Continue antenatal antihypertensive treatment.
- Measure BP hourly.
- Determine the need for haematological and biochemical monitoring according to criteria from antenatal period.
- If BP stable do not routinely limit duration of second stage.

Severe hypertension

(BP 160/110 mmHg or more)

- Continue antenatal antihypertensive treatment.
- Measure BP every 15 to 30 minutes until BP is less than 160/110 mmHg.
- If BP controlled within target ranges do not routinely limit duration of second stage.
- If BP does not respond to treatment advise operative or assisted birth.

Features of severe pre-eclampsia

- Severe hypertension that does not respond to treatment.
- Ongoing or recurring severe headaches.
- Visual scotomata.
- Nausea or vomiting.
- Epigastric pain.
- Oliguria and severe hypertension.
- Progressive deterioration in laboratory blood tests (such as rising creatinine, or liver transaminases or falling platelet count).
- Failure of fetal growth or abnormal doppler findings.

See visual summary 7
on severe hypertension,
severe pre-eclampsia and
eclampsia in critical care