

## 2.2 Gestational Hypertension - Self-Test (15 min)

1. Define preeclampsia.
2. What are features of severe preeclampsia? Write down at least 6 features.
3. You have diagnosed a patient with gestational hypertension. **At 24-32 weeks of gestation:** How often do you need to see your patient? What clinical/laboratory tests are necessary during this check-up? What fetal monitoring is needed and how frequent should it be done?
4. You have diagnosed a patient with gestational hypertension. **After 32 weeks of gestation:** How often do you need to see your patient? What tests for fetal monitoring are needed and how frequent should it be done?
5. At what week of gestation would you consider delivering a patient with gestational hypertension?
6. What intrapartum monitoring of the mother and fetus should be done in a patient with gestational hypertension? How frequent is this monitoring needed in the first and second phase of labor?
7. If hypertension resolves after pregnancy, what is the risk of recurrent gestational hypertension in a subsequent pregnancy? What is the patient's long-term risk of hypertension?

## 2.2 Gestational Hypertension - Self-Test - Answer Key

1. *Preeclampsia is the new onset of hypertension and either proteinuria (>300 mg/24 hrs in mild and >5000 mg/24 hrs in severe) or end-organ dysfunction after 20 weeks of gestation in a previously normotensive woman.  
Please note: Some changes to the definition have been suggested by professional societies.*
2.
  - *Persistent blood pressure >160/110 mmHg*
  - *Headache*
  - *Visual disturbances*
  - *RUQ pain*
  - *Fetal growth restriction*
  - *Intra-uterine fetal death (IUFD)*
  - *HELLP (or any combination of each, i.e. hemolysis and/or elevated liver enzymes, and or low platelets)*
3. *Once every two weeks to check fetal heart tones, maternal blood pressure and dip urine. Ideally the blood pressure should be checked at home or in a nearby clinic even more frequent. 24 hours urine for protein and creatinine clearance should be performed, along with liver function tests and a CBC to rule out preeclampsia. Fetal monitoring should include growth scans every four weeks.*
4. *Schedule check-ups every week. There should be weekly non-stress test (NST) with amniotic fluid index (AFI).*
5. *Patients should be scheduled for induction between 39-40 weeks.*
6. *Blood pressure should be checked every hour in the 1<sup>st</sup> phase of labor and every 15 minutes in 2<sup>nd</sup> phase of labor. Continuous electronic fetal monitoring (EFM) should occur.*
7. *The risk of recurrence in a subsequent pregnancy is approximately 1/3. The patient's longterm risk of hypertension is 50%.*