

5.6 Chronic hypertension and superimposed preeclampsia- Self-Test (25 min)

1. What are the best anti-hypertensive medications to use for chronic hypertension during pregnancy?
2. When should you deliver a stable chronic hypertensive pregnant women?
3. Define chronic hypertension with superimposed preeclampsia.
4. What baseline investigation should be performed on a pregnant woman with preeclampsia?
5. When should you deliver a chronic hypertensive patient with superimposed preeclampsia?
6. How should you manage a chronic hypertensive patient postpartum?

Self-Test - Answer Key

1. Beta-blockers, methyldopa, and calcium channel blockers are first line agents.
2. Definitely not before 38 weeks, induction between 38 and 39 weeks is recommended by some although the evidence is not clear.
3. Chronic Hypertension is high blood pressure presenting before 20 weeks of gestation. Although superimposed preeclampsia is a little more difficult to diagnose, it includes new onset proteinuria and elevated blood pressures that were previously well controlled. Chronic hypertension with superimposed preeclampsia with severe features includes thrombocytopenia, severe range blood pressures despite escalating anti-hypertensive medication, elevated liver transaminases, new onset or worsening renal insufficiency, pulmonary edema, and persistent visual or cerebral disturbances.
4. It may depend on what is possible in your setting, but a baseline blood count with platelets, creatinine, and some sort of evaluation for proteinuria (urinalysis, spot urine protein/creatinine ratio, or 24 hour urine for total protein).
5. 37 weeks. Again, depending on the limitations of your setting, one should consider delivering a chronic hypertensive with superimposed preeclampsia with severe features at 34 weeks gestation.
6. A postpartum patient who has chronic hypertension is likely to need medications even if they didn't need them during pregnancy. It is important to consider whether the patient is breastfeeding when prescribing medication. Preeclampsia can occur initially in the postpartum time-frame and should be evaluated similarly. You should consider Magnesium Sulfate for seizure prophylaxis if the patient develops evidence of superimposed preeclampsia with severe features.