

Hypertensive Disorders of Pregnancy

- 5-10% of pregnancies
- ↑ maternal-fetal morbidity & mortality worldwide
- *Risk of injury to woman and fetus related to CNS irritability*
 - seizures • placental abruption • IUGR

pre-eclampsia

- after 20 weeks • BP > 140/90 x 2
- with or without proteinuria (**PCR > 0.3**)
- severe features:** • thrombocytopenia • liver failure (LFTs 2x normal)
- new renal insufficiency (serum creatinine > 1.1 mg/dL)
- pulmonary edema • new onset cerebral or visual disturbance

pathophysiology of preeclampsia

- inadequate vascular remodeling → ↓ placental perfusion & hypoxia
→ endothelial cell dysfunction → vasospasm & ↓ tissue perfusion
- HTN • IUGR • h/a • hyperreflexia • seizures • scotoma • epigastric pain

chronic hypertension in pregnancy

- | | |
|--|-------------------------------------|
| before 20 weeks (use of anti-hypertensive meds before pregnancy) | persists > 12 weeks postpartum (PP) |
| BP > 140/90 | |

gestational hypertension in pregnancy

- after 20 weeks
- BP > 140/90
- no proteinuria
- if persists > 12 weeks PP -> CHTN



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