El Paso Health
HEALTH PLANS FOR EL PASOANS. BY EL PASOANS.

MEDICAID

GESTATIONAL HYPERTENSION/PREECLAMPSIA

Gestational Hypertension/Preeclampsia

The following guideline provides recommendations for patients that have been diagnosed with Gestational Hypertension or Preeclampsia.

Risk Factors

- Nulliparity
- Multifetal gestations
- Preeclampsia in a previous pregnancy
- Chronic hypertension
- Pre-gestational diabetes
- Gestational diabetes
- Thrombophilia
- Systemic lupus erythematosus
- Pre-pregnancy BMI greater than 30
- Antiphospholipid antibody syndrome
- Maternal age 35 years or older
- Kidney disease
- Assisted reproductive technology
- Obstructive sleep apnea

Evaluation and Diagnostic Criteria

- Complete blood count w/ platelet estimate, serum creatinine, LDH, AST, ALT and testing for proteinuria
- Ultrasound
- Systolic blood pressure of 140 mmHg or more or diastolic blood pressure of 90mm Hg or more on two occasions at least 4 hours apart after 20 weeks of gestation in a woman with a previously normal blood pressure
- Systolic blood pressure of 160 mm Hg or more or diastolic blood pressure of 110 mm Hg or more (Severe hypertension can be confirmed within a short interval (minutes) to facilitate timely antihy - pertensive therapy)
- Proteinuria
  - 300 mg or more per 24 hr urine collection or
  - protein/creatinine ratio of 0.3 or more or
  - dipstick reading of 2+
- In the absence of proteinuria, new onset hyperten- sion with the new onset of any of the following:
  - Thrombocytopenia
  - Renal insufficiency
  - Impaired liver function
  - Pulmonary edema
  - New onset headache unresponsive to medication and not accounted for by alternative diagnoses or visual symptoms

Close monitoring of blood pressure

Assessment of blood pressure is essential for this clinical condition.

- Provide education on importance of taking blood pressures, how to take a proper blood pressure, keeping a log, and reporting readings to physician
- How to have Member obtain blood pressure cuff:
  -Send prescription for blood pressure cuff to DME with Member's Name, DOB, Medical diagnosis.
  -DME company will send you a Title XIX form. Complete this form and return to DME company.
  -Most durable medical equipment is authorized unless if it exceeds $300. If it exceeds the amount, the DME company will submit the prior authorization and Title XIX form to El Paso Health.

Treatment and Management

- Beta blockade (labetalol) or calcium-channel blockade (nifedipine)
- Fetal evaluation (ultrasound for amniotic fluid index, estimated fetal weight, non-stress tests and biophysical profiles)
- Patients at 37 0/7 weeks gestation with gestational hypertension or preeclampsia without severe features should undergo delivery rather than expectant management.

Postpartum

- Provide education on importance of taking blood pressure for at least six weeks after delivery.
- Keep postpartum visits for continued monitoring.
- Women with a history of preeclampsia

cardiovascular disease in subsequent

modifications to better manage risk factors for cardiovascular disease:
  - achieving healthful weight
  - exercise
  - diet
  - smoking cessation

ACOG Practice Bulletin Number 222 and National Institute of Health www.ncbi.nlm.nih.gov/books/NBK570611

Individual patient considerations and advances in medical science may supersede or modify these recommendations.

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