

## Hypertension in Pregnancy NICE (2010)

The management of hypertensive disorders during pregnancy - CG 107.

NICE have published guidance on how best to manage women who have had a previous pregnancy complicated by a hypertensive disorder, or, who are currently at risk of having a pregnancy complicated by a hypertensive disorder.

NICE guidance was published towards the end of 2010 and the guidance has taken a little while to implement at Trust and Community level as several service changes have been required. There is a planned Primary and Secondary Care joint implementation date of 3rd December 2012 [in Shropshire and Telford](#) and we would greatly appreciate your help as we work towards compliance.

If you are not already familiar with the guidance from NICE, the 'Quick Reference Guide – Hypertension in Pregnancy (2010)' has a series of flowcharts that cover the management of Chronic Hypertension, Gestational Hypertension and Pre-eclampsia. The guidance offers suggested management during the antenatal, intrapartum and postnatal periods for **primary and secondary care**.

The responsibility for the identification and the management of this group of women lies across both Primary and Secondary care and we would appreciate your assistance with their antenatal and postnatal management. Specifically, your help is required in order to ensure that your patients can be safely prescribed Aspirin if they are considered to be at moderate or high risk of pre-eclampsia.

NICE suggest that we advise women who have one 'high' risk factor or two 'moderate' risk factors to take Aspirin 75mg daily from 12 weeks gestation until birth, in the absence of contraindications. Risk factors may be found at the end of this article or in the Quick Reference guide at <http://guidance.nice.org.uk/CG107/QuickRefGuide/pdf/English>

Women would usually be 'booked' by the community midwives by 12 weeks gestation and our 'booking' process aims to identify those women who have moderate/high risk factors. The details for these patients will be forwarded to the Triage midwife. The Triage midwife, having noted the moderate/high risk factors for developing a hypertensive disorder in pregnancy, will then fax or send a letter asking the respective GP to prescribe Aspirin, as per NICE guidance.

Many thanks for your anticipated help with the implementation of this guidance.

If you have any queries please contact Cath Mercer on 01743 261386 or email [cath.mercer@sath.nhs.uk](mailto:cath.mercer@sath.nhs.uk). Alternatively please contact Dr M Mohajer, Consultant in Feto Maternal Medicine on 01743 261000 ext 2443

<b>If at least two moderate risk factors or at least one high risk factor for pre-eclampsia</b>	
<b>Risk factors for pre-eclampsia</b>	
<b>Moderate</b>	<b>High</b>
<ul style="list-style-type: none"><li>▪ First pregnancy</li><li>▪ Age ≥ 40 years</li><li>▪ Pregnancy interval &gt; 10 years</li><li>▪ BMI ≥ 35 Kg/m<sup>2</sup> at first visit</li><li>▪ Family history of pre-eclampsia</li><li>▪ Multiple pregnancy</li></ul>	<ul style="list-style-type: none"><li>▪ Hypertensive disease during previous pregnancy</li><li>▪ Chronic kidney disease</li><li>▪ Autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome</li><li>▪ Type 1 or 2 diabetes</li><li>▪ Chronic hypertension</li></ul>