7.2 Pregnancy Induced hypertension (PIH)

- Rise in blood pressure during pregnancy of ≥140/90
- **Pre eclampsia:** Rise in blood pressure during pregnancy **PLUS** protenuria
- **Eclampsia** Occurance of convulsion (fits) in patient with pre eclampsia where other causes of convulsion have been excluded

Treatment of Mild to moderate pre eclampsia
General measures

- Regular check of BP
- Monitoring of foetal wellbeing
- Monitoring of protenuria
- Advice on adequate rest
- Advise on regular use of cocoa containing food
- Exclude UTI
- Check urine for protein
- Count this as a high risk antenatal patient

Medicine

A: Methyldopa 250-500mg 8 hrly

OR

C: Nifedipine 10 mg 12 hourly

Severe pre eclampsia
Criteria for diagnosis: Blood pressure ≥ 160/110; Severe headache, Epigastric/ retrosternal pain, Blurring of vision, Hyperreflexia, Oliguria, Protenuria ≥5g/ 24hrs collection (≥+3 in dip stick) and Intra uterine growth restriction (IUGR).

General measures

- Admit in the hospital
  Give

B: Normal saline

Plus

C: Nifedipine 10-20 mg 12 hrly;

Plus

C: Hydralazine 10 mg (I.V) slowly

Plus

B: Magnesium sulphate 4gm (IV) in 20 mls of normal saline for 10-15 min followed by 5gm of 50% $MgSO_4$ in each buttock; Followed by 4gm of $MgSO_4$ in 250 mls of normal Saline to run over 4hrs. Maintenance dose: 4gm of $MgSO_4$ (IM alternative buttock) 4hourly for 24hrs.

Deliver as soon as the BP is controlled.

Note: MgSO4 regimen should continue until 24 hrs after the last fit.

Eclampsia
General principle

- Control fits
- Control Blood pressure
- Deliver

General measures
- Keep the airway clear
- Fluid and electrolyte balance

Treatment
- Give magnesium sulphate as above
- Give anthypertensive as above
- Fluid management as above
- Deliver vaginally unless there is another obstetric indication for caesarean delivery

Mild PIH

Diastolic: 90 – 100 mm and no proteinuria

Advice bed rest

- Weekly antenatal clinic visits

A: Acetylsalicylic acid (O) 75 mg once daily

Moderate PIH

Diastolic: 100-110 mm, no proteinuria

Treatment

A: Acetylsalicylic acid (O) 75 mg once daily. Plan immediate delivery at gestation > 37 weeks

Admit and monitor BP up to 6 times per day, and give

A: Methyldopa (O) 250 – 500 mg every 6-8 hours daily

Severe PIH

Diastolic>110

Treatment

C: Nifedipine (Sublingually) 10 mg

The need for more doses indicates the urgency for delivery.

Pre-Eclámptica Toxemia (Proteinuria PIH)

Management
- Exclude UTI
- Check urine for protein daily
- Plan delivery at 37 weeks or before

Treatment

A: Acetylsalicylic acid 75 mg once daily

Plus

C: Hydralazine (IM) 12.5 mg

OR

C: Nifedipine (sublingual) 10 mg.

Imminent Eclampsia

This is proteinuria PIH characterized by visual disturbance or epigastria pain and or signs of brisk reflexes.

Management

- Plan urgent delivery
- Prevent convulsions by

  A: Diazepam (I.V – infusion) 40 mg diluted in 1 litre of Sodium chloride 0.9% over 6 hours

Treatment

If diastolic pressure still >110 mm give antihypertensive:

C: Hydralazine 12.5 (I.M) intermittently

OR

C: Nifedipine (sublingually) 10 mg.

Eclampsia (Proteinuria PIH with Fits)

Treatment

A: Diazepam (IV infusion) 40 mg diluted in 1000 ml of normal saline infused over 6 hours

- If diastolic pressure> 110 mm give antihypertensive as above
- Plan urgent delivery