

SEVERE PRE-ECLAMPSIA



Period of gestation > 20 weeks



SBP \geq 140 mm Hg or DBP \geq 90 mm Hg or both on 2 occasions, 4 hours apart in a previously normotensive patient



Proteinuria \geq 0.3 g / 24-hour urine specimen or protein/ creatinine ratio \geq 0.3 (mg/mg) or (30 mg/mmol) in a random urine specimen or dipstick \geq 2 +

Severe Pre-Eclampsia

- BP \geq 160/110 mm Hg and Proteinuria \geq 0.3g/24-hour urine specimen or protein/creatinine ratio \geq 0.3 (mg/mg) or (30 mg/mmol) in a random urine specimen or dipstick \geq 2 +
- OR
- BP \geq 140/90 mm Hg with danger symptoms like severe headache, blurring, epigastric pain, breathing difficulty and or new onset end organ dysfunction:
 - Platelet count < 100,000/microL
 - Serum creatinine > 1.1 mg/dL or doubling from baseline levels
 - Liver transaminases at least twice the upper limit of the normal
 - Pulmonary edema
 - Cerebral or visual disturbances like severe headache, flashes, partial or complete loss of vision

- Urgent hospitalization
- Give MgSO₄ as in Eclampsia
- Start anti hypertensive agent if BP \geq 150/100 mm Hg. Initiate therapy for acute hypertensive crisis if BP \geq 160/110 mm Hg as in eclampsia
 - Inj Labetalol 20 mg IV bolus, repeat 40 mg after 10 minutes if BP not controlled, repeat 80 mg every 10 minutes if needed (max 300 mg) with cardiac monitoring
 - OR
 - Inj Hydralazine 5 mg IV slowly over 1-2 min, repeat 5-10 mg over 2 min after 20 min. If BP not controlled, again repeat 10 mg over 2 min (max 20 mg). If no response switch to other antihypertensive drug
 - OR
 - Tab Nifedipine orally immediate release 10 mg stat, repeat 10-20 mg after 20 min. If BP not controlled, repeat 10-20 mg after 20 min (max 30 mg). {Give through Ryle's tube if unconscious patient}. If no response switch to other antihypertensive drug
 - Keep record of BP as sometimes there is sudden hypotension
 - Continue B.P monitoring every 15 minutes for 2 hours after stabilisation, then every 30 minutes for 1 hour. Then every hour, if in labour or 4 hours, if not in labour

- Continue Tab Nifedepine 10 mg 8 hourly (max 80 mg/day) OR Tab Labetalol 100 mg 8 -12 hourly (max 2.4 gm/day)
- Investigate — CBC with peripheral smear, platelet count, LFT, KFT, S LDH, Coagulation profile and fundus exam
- Urine output charting
- BP monitoring
- Keep the BP between 130-150 systolic and 80-100 diastolic

Frequency of Investigation

Parameter	Frequency
Hb	Alternate days
Platelets	Alternate days
LFT	Alternate days or earlier
KFT	Alternate days or earlier
Coagulation Profile	Weekly profile as needed if parameters change
Fundus	Weekly unless abnormal
NST/BPP	Bi weekly or more if changes seen
Doppler Study	Weekly or frequent as per the findings
BP Monitoring	4 Hrs

Treatment should be individualised

