

# PRE-ECLAMPSIA



Period of gestation > 20 weeks



SBP  $\geq$  140mm 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 +

## Pre Eclampsia without severe features

- SBP  $\geq$  140mm Hg or DBP  $\geq$  90 mm Hg or both
- 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 +

- Hospitalize, reassure, advice rest
- Start anti-hypertensive agent when SBP  $\geq$  150mm Hg and or diastolic  $\geq$  100mm Hg
- Tab Labetalol 100 mg 8–12 hourly (max 2.4 gm/day)
- OR
- Tab Alpha Methyldopa 250-500 mg / 6-8 hourly (max 2gm/day) (as per availability)
- Investigate — CBC with peripheral smear and platelet count, LFT, KFT and fundus exam
- BP and urine output monitoring

- Continue hospitalization
- Regular foetal + maternal surveillance

- Maintain DBP 90-100 mm Hg
- No foetal compromise

If disease is severe, manage as severe pre-eclampsia

Deliver at 37 completed weeks

## Frequency of Investigation

Parameter	Frequency
Hb	Weekly
Platelets	Weekly
LFT	Weekly
KFT	Weekly
Fundus	Once
NST/BPP	After 32 Weeks
Doppler Study	3 – 4 Weeks
BP Monitoring	4 times a day