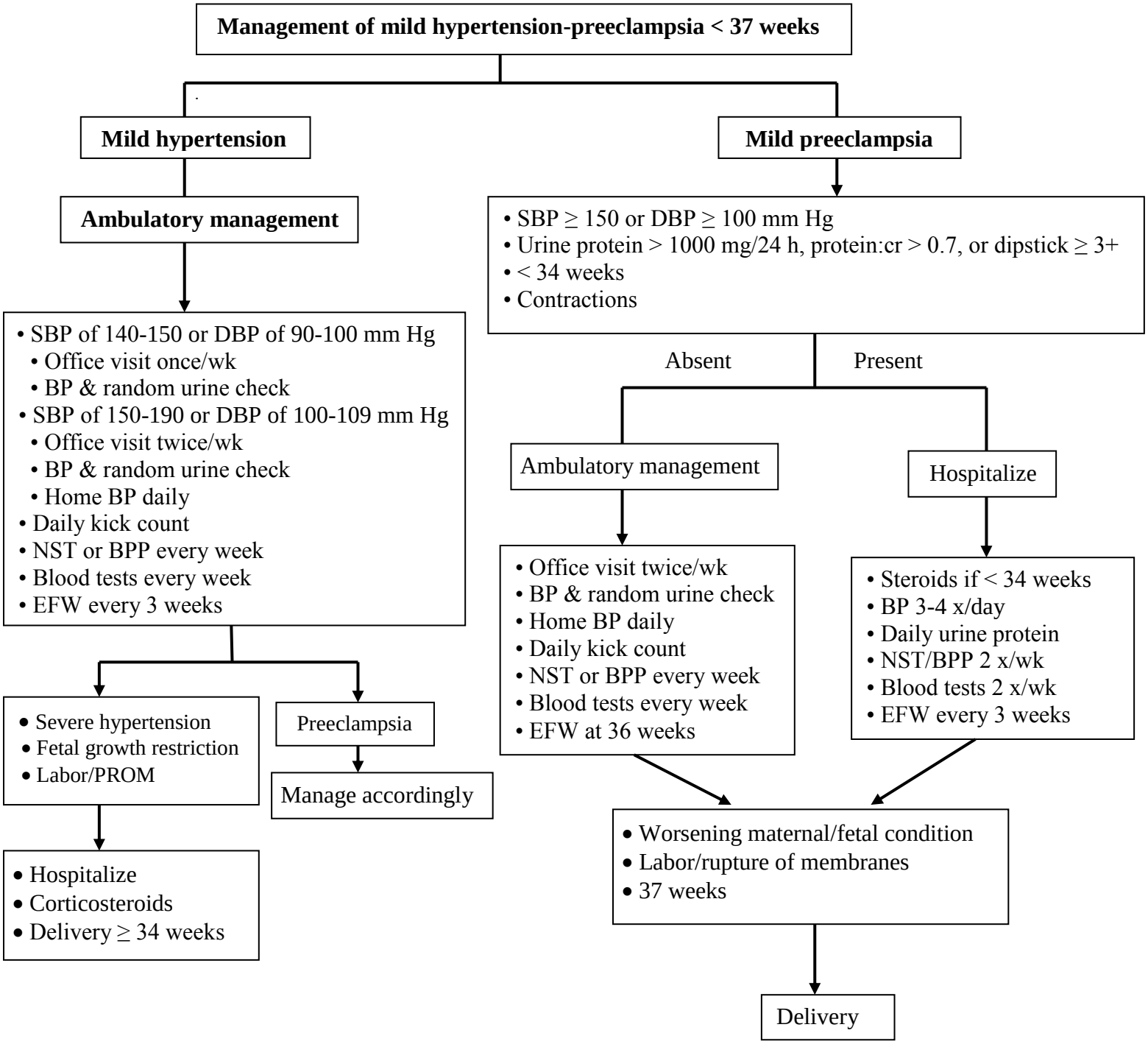
Figure 4.


Management of mild hypertension-preeclampsia < 37 weeks
Mild hypertension
Mild preeclampsia
Ambulatory management
• SBP ≥ 150 or DBP ≥ 100 mm Hg
• Urine protein > 1000 mg/24 h, protein:cr > 0.7, or dipstick ≥ 3+
• < 34 weeks
• Contractions
• SBP of 140-150 or DBP of 90-100 mm Hg
• Office visit once/wk
• BP & random urine check
• SBP of 150-190 or DBP of 100-109 mm Hg
• Office visit twice/wk
• BP & random urine check
• Home BP daily
• Daily kick count
• NST or BPP every week
• Blood tests every week
• EFW every 3 weeks
Absent
Present
Ambulatory management
Hospitalize
• Office visit twice/wk
• BP & random urine check
• Home BP daily
• Daily kick count
• NST or BPP every week
• Blood tests every week
• EFW at 36 weeks
• Steroids if < 34 weeks
• BP 3-4 x/day
• Daily urine protein
• NST/BPP 2 x/wk
• Blood tests 2 x/wk
• EFW every 3 weeks
• Severe hypertension
• Fetal growth restriction
• Labor/PROM
Preeclampsia
Manage accordingly
• Hospitalize
• Corticosteroids
• Delivery ≥ 34 weeks
• Worsening maternal/fetal condition
• Labor/rupture of membranes
• 37 weeks
Delivery