

**Table 2****Management of pre-eclampsia, adapted from NICE NG133<sup>5</sup>**

|                                                                            | <b>Moderate hypertension</b><br>140/90-159/109 mmHg                                                                                                                                               | <b>Severe hypertension</b><br>≥ 160/110 mmHg                |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Admission</b>                                                           | If clinical concerns or high risk of adverse events                                                                                                                                               | Admit                                                       |
| <b>Treatment</b>                                                           | Target for BP treatment ≤ 135/85<br><br>Offer if BP remains 140/90 or higher                                                                                                                      | Target for BP treatment ≤ 135/85<br><br>Offer to all women  |
| <b>BP measurement</b>                                                      | At least every 48 hours until target BP reached, more often if an inpatient                                                                                                                       | Every 15-30 min until < 160/110 then at least 4 times a day |
| <b>Blood tests</b><br>(full blood count, liver function, renal function)** | At presentation and twice weekly                                                                                                                                                                  | At presentation and three times a week ***                  |
| <b>Fetal assessment</b>                                                    | Fetal heart auscultation at every visit<br><br>Ultrasound for growth at diagnosis and then every 2 weeks if it remains normal<br><br>Cardiotocogram at diagnosis and then if clinically indicated |                                                             |

\*\*Clotting screen, serum urate and lactate dehydrogenase (if haemolysis is suspected) may occasionally be clinically useful

\*\*\*In practice, frequency of blood testing is dependent on the clinical context and may be as frequent as every 6 hours in severe cases