

No15 SECONDARY CARE PATHWAY FOR HYPERTENSIVE DISORDERS IN PREGNANCY – 01/02/2026 V9

Principles of taking Blood Pressure

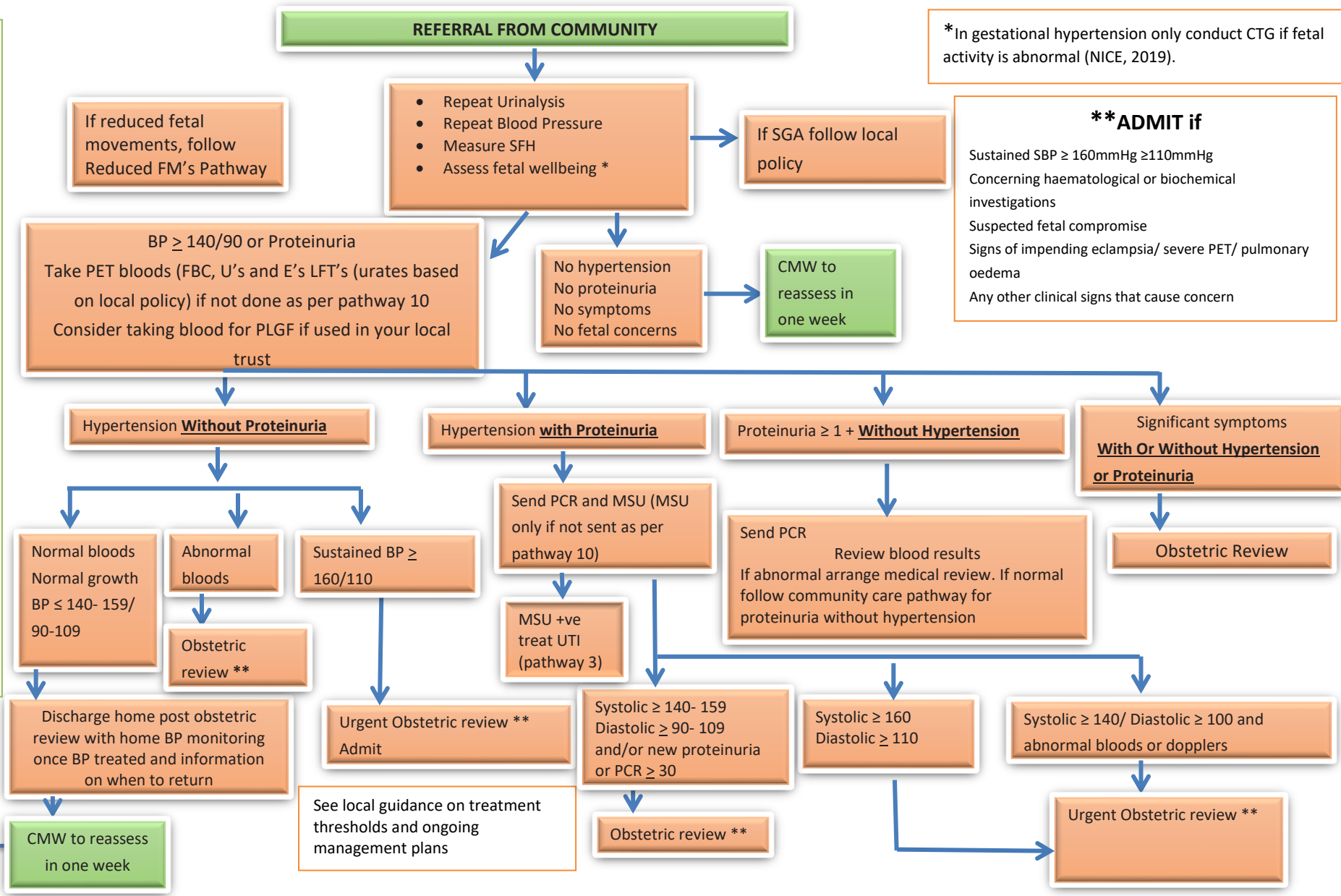
Diagnose hypertension if average systolic BP ≥ 140 and/or diastolic BP ≥ 90 on 2 occasions 15mins apart

Hypertension 140/90 - 159/109
Severe Hypertension- $\geq 160/110$

Full A/N assessment using correct cuff. If arm >33 cms, use large cuff.
Use right arm
Take BP at the beginning and end of appointment
Take at level of heart
Take in sitting position
Take BP reading when sounds disappear
Check Urine, using a clean pot, midstream catch

Significant symptoms:

- Epigastric pain
- Vomiting
- Headache
- Visual Disturbances
- Reduced fetal movements or change in pattern of movements
- Small for gestation based on SFH



*In gestational hypertension only conduct CTG if fetal activity is abnormal (NICE, 2019).

**** ADMIT if**

Sustained SBP ≥ 160 mmHg ≥ 110 mmHg
Concerning haematological or biochemical investigations
Suspected fetal compromise
Signs of impending eclampsia/ severe PET/ pulmonary oedema
Any other clinical signs that cause concern