Hypertension is the most frequent complication of pregnancy. NICE guidance advises how to care for women who have, or are at risk of, developing the condition of >35 at first antenatal visit; a pregnancy interval of more than 10 years; a family history of pre-eclampsia; and multiple pregnancy are all moderate risk factors.

Main recommendations
- Advise women who have had pre-eclampsia to keep or achieve a healthy BMI before their next pregnancy;
- Inform women with hypertension who are planning a pregnancy that angiotensin-converting enzyme inhibitors and angiotensin II receptor blockers (used to control hypertension in non-pregnant women) can increase the risk of congenital abnormalities if taken during pregnancy. Discuss a more suitable treatment as soon as the pregnancy is confirmed;
- Advise women with a moderate to high risk of developing pre-eclampsia to take 75mg of aspirin each day from the twelfth week of pregnancy until birth;
- Advise women with hypertension or pre-eclampsia a care package that includes admission to hospital, antihypertension treatment, measurement of blood pressure, blood tests and tests for proteinuria;
- Women with uncomplicated chronic hypertension should aim to keep their blood pressure lower than 150/100mmHg and their diastolic blood pressure should not fall below 80mmHg. Antihypertension treatment will depend upon pre-existing treatment, side effect profiles and teratogenicity (risk of congenital malformation). Additional antenatal consultations will be based on the individual needs of the woman and her baby.

The guideline is available for download at www.nice.org.uk/CG107

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