Williams OB Chapters 40 & 50: Hypertensive Disorders, Chronic hypertension

**CREOG Learning Objectives:**

1. For hypertensive disorders of pregnancy:

a. Describe the differential diagnosis

b. Perform a pertinent history and physical examination

c. Evaluate (using laboratory testing and diagnostic imaging)

d. Manage appropriately

e. Determine and describe the prognosis and implement interventions to minimize recurrence

f. Determine indications for referral to a subspecialist

2. List the risk factors of, diagnose, and perform initial management of eclampsia

**Practice Questions:**

1. A 32 year old woman, G2P1, is sent to the labor and delivery at 32w0d with persistent blood pressure of 200/120 mmHg. She has a known history of asthma requiring daily medication and chronic hypertension, which has been treated with methyldopa. The most appropriate intravenous (IV) medication to control her blood pressure is:

A. hydralazine

B. labetalol

C. magnesium sulfate

D. nifedipine

E. sodium nitroprusside

Source: OB prolog 8th ed, # 7

2. A 29 year old, G1 at 31w0d, with twin gestation is sent to triage because of elevated blood pressure. On exam, her BP is 160/100 with 3+ proteinuria. Lab evaluation reveals platelets 75,000, AST 120, ALT 110, LDH 800, Cr 1.0, and fibrinogen of 300. Ultrasonography reveals that both fetuses are appropriately grown and fetal heart rate tracings are reassuring. The most appropriate next interventions is:

A. corticosteroid administration

B. documentation of fetal lung maturity

C. expectant management until 34 weeks of gestation

D. immediate cesarean delivery

E. plasmapheresis

Source: OB prolog 8th ed, # 16

3. A 27 year old G1 with a history of systemic lupus erythematosus presents at 34 weeks gestation. She reports abdominal pain, nausea, and vomiting. Her blood pressure is 150/94, HR 110, temperature 38.1 C. Fetal heart rate tracing is reassuring with no contractions. Urine dipstick demonstrates +2 proteinuria. A bedside finger-stick BG is 50 mg/dL. While in triage the patient becomes confused and disoriented. The laboratory test that best explains the patient’s acute symptomatology is:

A. ammonia

B. bilirubin

C. complete blood count

D. creatinine

E. transaminase levels

Source: OB prolog 8th ed, # 77

**High-yield resources:**

1. Pearls of Exxcellence: Management of Preeclampsia at term

<https://www.exxcellence.org/list-of-pearls/management-of-preeclampsia-at-term/?categoryName=&searchTerms=hypertension&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending>

2. Pearls of Exxcellence: Evaluation of Preeclampsia at term

<https://www.exxcellence.org/list-of-pearls/evaluation-of-preeclampsia-at-term/?categoryName=&searchTerms=hypertension&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending>

3. PB #222: Gestational hypertension and preeclampsia

4. PB #203: Chronic hypertension in pregnancy

Answers

1) A 2) A 3) A