



Severe Hypertension in Pregnancy and Postpartum Hypertension Definitions

Oregon Perinatal Collaborative



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Inclusive language notice:

This toolkit is intended to improve care and outcomes for pregnant and postpartum people who have a wide range of gender identities. For this reason, we use both gendered and non-gendered terms including “birthing person/people,” “patient,” “mother,” and “maternal,” to reflect this range of identities. We affirm that respecting individual patient preferences regarding gendered language throughout their care is essential to respectful, patient-centered care.

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Hypertension Definitions

Condition	Diagnostic Criteria
Chronic Hypertension	<p>Hypertension diagnosed or present before pregnancy or before 20 weeks of gestation that does not resolve in the postpartum period. Current diagnosis requires two determinations of systolic blood pressure of greater than 140 mm Hg and diastolic blood pressure of 90 mm Hg on two occasions more than 4 hours apart.</p> <p><i>For patients classified with Stage 1 Hypertension (Systolic blood pressure of 130-139 mmHg or diastolic blood pressure of 80-89 mm Hg) it is reasonable to continue to manage the patient in pregnancy as chronic hypertension.</i></p>
Gestational Hypertension	<p>Gestational hypertension is defined as a systolic blood pressure 140 mm Hg or more or a diastolic blood pressure of 90 mm Hg or more, or both, on two occasions at least 4 hours apart after 20 weeks of gestation, in a birthing person with a previously normal blood pressure without proteinuria or severe features.</p> <p><i>Birthing people diagnosed with gestational hypertension who develop severe range blood pressures of 160 mm Hg or the diastolic level reaches 110 mm Hg, or both should be diagnosed with preeclampsia with severe features.</i></p>
Preeclampsia	<p>Blood pressure Systolic blood pressure of 140 mm Hg or more or diastolic blood pressure of 90 mm Hg or more on two occasions at least 4 hours apart after 20 weeks of gestation in a birthing person with a previously normal blood pressure</p> <p style="text-align: center;">AND</p> <p>Proteinuria 300 mg or more per 24 hour urine collection (or this amount extrapolated from a timed collection) OR protein/creatinine ratio of 0.3 mg/dL or more OR Dipstick reading of 2+ (used only if other methods are not available)</p> <p style="text-align: center;">OR</p> <p>In the absence of proteinuria, new-onset hypertension with the new onset of any of the following:</p> <ul style="list-style-type: none"> • Thrombocytopenia: Platelet count less than 100,000 x 10⁹/L • Renal insufficiency: Serum creatinine concentrations greater than 1.1 mg/dL or a doubling of the serum creatinine concentration in the absence of other renal disease • Impaired liver function: Elevated blood concentrations of liver transaminases to twice normal concentration • Pulmonary edema • New-onset headache unresponsive to medication and not accounted for by alternative diagnoses or visual symptoms.
Preeclampsia with Severe Features	<ul style="list-style-type: none"> • Systolic blood pressure of 160 mm Hg or more or diastolic blood pressure of 110 mm Hg or more. <i>(Severe hypertension can be confirmed within a short interval (minutes) to facilitate timely antihypertensive therapy)</i>



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	<ul style="list-style-type: none">• Thrombocytopenia: Platelet count less than 100,000 x 10⁹/L• Renal insufficiency: Serum creatinine concentrations greater than 1.1 mg/dL or a doubling of the serum creatinine concentration in the absence of other renal disease• Impaired liver function: Elevated blood concentrations of liver transaminases to twice normal concentration• Pulmonary edema• New-onset headache unresponsive to medication and not accounted for by alternative diagnoses or visual symptoms.
Chronic hypertension with Superimposed Preeclampsia	Preeclampsia in a birthing person diagnosed with hypertension before pregnancy or before 20 weeks gestation.

American College of Obstetricians and Gynecologists' Committee on Practice Bulletins—Obstetrics. ACOG Practice Bulletin No. 203: Chronic Hypertension in Pregnancy. *Obstet Gynecol.* 2019 Jan;133(1):e26-e50. doi: 10.1097/AOG.0000000000003020. PMID:

Gestational Hypertension and Preeclampsia: ACOG Practice Bulletin, Number 222. *Obstet Gynecol.* 2020 Jun;135(6):e237-e260. doi: 10.1097/AOG.0000000000003891. PMID: 32443079.