

International Symposium—Meet the Experts :

2. Perinatology

Recent management of PIH and pregnancy-related mortality and morbidity

1) ACOG's New Hypertensive Disorders of Pregnancy Task Force Guidelines : Using Them to Minimize Pregnancy -Related Morbidity and Mortality in Patients with Preeclampsia

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Between July 2010 and March 2011, three meetings of the select ACOG Work Group on Hypertensive Disorders of Pregnancy met in Washington, DC ACOG Headquarters to review the world literature and evaluate it using the GRADE system which has been adapted worldwide by a large number of organizations. Throughout the summer and fall of 2012, the Work Group edited the final summaries of guidelines to be released in early 2013 as an executive summary in Obstetrics & Gynecology as well as an array of separate releases of guidelines of Best Practices for each of the subject areas of the topic. It is ACOG's intention to keep this information regularly updated as new data becomes available, and to work internationally for consensus surrounding these evidence-based guidelines. All of the recommendations of ACOG are GRADEd upon the available evidence as strong (applicable to virtually all patients) or qualified (applicable to most but not all patients).

We will review the fundamental definitions decided upon for the four major types of pregnancy-related hypertensive disorders : gestational hypertension, preeclampsia/eclampsia, chronic hypertension and chronic hypertension with superimposed preeclampsia. The reasoning for the decisions regarding diagnostic terminology will be discussed. Blood pressure criteria for each of the entities are maintained from prior recommendations presently in use. Reflecting the syndromic nature of preeclampsia, the new diagnostic criteria for preeclampsia will include gestational hypertension (mild or severe) plus proteinuria OR evidence of blood (mild thrombocytopenia 100,000–150,000/uL), renal (serum creatinine >1.2 mg/dL), liver (elevated aminotransferases), cardiopulmonary (pulmonary edema) or brain (cerebral or visual symptoms) new-onset pathology. Preeclampsia with severe features will include any one or more of the following : sustained severe systolic or diastolic hypertension, moderate to severe thrombocytopenia, abnormal liver function/epigastric pain not secondary to non-gestational disorders, progressive renal insufficiency or cerebral/visual disturbances. Recognizing and responding to each of these conditions appropriately is critical to minimizing maternal and perinatal morbidity and mortality.

The potential for maternal morbidity and mortality with preeclampsia with or without severe features will be reviewed in addition to gestational age criteria for delivery, the potential candidacy of patients for so-called conservative management, and recommendations for evaluation of the mother and unborn child pending delivery. The special condition of HELLP syndrome will be reviewed briefly since

it encompasses the greatest risk for maternal-perinatal morbidity and mortality among all patients affected by the spectrum of preeclampsia/eclampsia encountered during pregnancy and the puerperium. New information about the evolving role of new approaches to the management of eclampsia will be reviewed briefly as it impacts maternal morbidity and mortality.
