

**Table 1: Classification of hypertension in pregnancy**

Chronic hypertension	<ul style="list-style-type: none"> <li>• BP of <math>\geq 140</math> mm Hg systolic or 90 mm Hg diastolic predating conception</li> <li>• Identified prior to 20 weeks gestation</li> <li>• Persists &gt; 12 weeks postpartum</li> <li>• Use of antihypertensive medications before pregnancy</li> </ul>
Superimposed preeclampsia or eclampsia on chronic hypertension	<ul style="list-style-type: none"> <li>• New onset in a woman with hypertension prior to 20 weeks</li> <li>• Sudden increase in proteinuria if already present in early gestation</li> <li>• Sudden increase in BP</li> <li>• Development of HELLP syndrome</li> <li>• Development of headache, scotomata, or epigastric pain</li> </ul>
Gestational hypertension	<ul style="list-style-type: none"> <li>• 140 mm Hg systolic or <math>\geq 90</math> mm Hg without proteinuria occurring after 20 weeks gestation</li> <li>• Transient diagnosis with normalization of BP by 12 weeks postpartum</li> <li>• May represent pre-proteinuric phase of preeclampsia or recurrence of chronic hypertension abated in mid-pregnancy</li> <li>• May evolve to preeclampsia</li> <li>• Retrospective diagnosis</li> </ul>
Preeclampsia	<ul style="list-style-type: none"> <li>• Occurring after 20 weeks of pregnancy</li> <li>• BP <math>\geq 140</math> mm Hg systolic or <math>\geq 90</math> mm Hg diastolic or higher</li> <li>• Proteinuria 0.3 grams protein or higher in a 24-hour urine specimen OR <math>\geq +1</math> per dipstick OR P/C ratio <math>&gt; 0.3</math> mg/dL</li> </ul>
Eclampsia	<ul style="list-style-type: none"> <li>• Presence of new onset grand mal seizures in a pregnant woman with preeclampsia (rule out idiopathic seizure disorder or other central nervous system pathology such as intracranial hemorrhage, bleeding arteriovenous malformation, ruptured aneurysm)</li> <li>• New onset seizures 48-72 hours postpartum (other central nervous system pathology is the likely reason for the seizure after 7 days)</li> </ul>
Severe preeclampsia	<p>If one or more of the following criteria are present:</p> <ol style="list-style-type: none"> <li>1. Blood pressure of 160 mm Hg systolic or higher or 110 mm Hg diastolic or higher on two occasions at least 6 hours apart while the patient is on bed rest</li> <li>2. Oliguria of less than 500 ml in 24 hours</li> <li>3. Cerebral or visual disturbances</li> <li>4. Pulmonary edema or cyanosis</li> <li>5. Epigastric or right upper-quadrant pain</li> <li>6. Impaired liver function as indicated by abnormally elevated blood concentrations of liver enzymes (to twice normal concentration), severe persistent right upper quadrant or epigastric pain unresponsive to medication and not accounted for by alternative diagnoses, or both</li> <li>7. Thrombocytopenia</li> <li>8. Renal insufficiency</li> </ol>
HELLP Syndrome (subset of severe preeclampsia)	<b>Hemolysis_Elevated Liver enzymes_Low Platelets</b>

Adapted from ACOG Practice Bulletin #33, Reaffirmed 2013<sup>1</sup> and Hypertension in Pregnancy: Report of the American College of Obstetricians and Gynecologists' Task Force on Hypertension in Pregnancy, November 2013.<sup>2</sup>