

Better Science, Better Testing, Better Care

Summary of NICE Guidelines

Title	Hypertension in Pregnancy
NICE Reference	CG107
Date of Review:	May 2018
Date of Publication	January 2011
Summary of Guidance (Max 250 words)	This guidance provides recommendations on the following:
	 Reducing the risk of hypertensive disorders in pregnancy Management of pregnancy with chronic hypertension Assessment of proteinuria in hypertensive disorders of pregnancy Management of pregnancy with gestational hypertension Management of pregnancy with pre-eclampsia Fetal monitoring Intrapartum care Medical management of severe hypertension or severe pre-eclampsia in a critical care setting Breastfeeding Advice and follow-up care at transfer to community care
Impact on Lab	With reference to laboratory medicine, the guideline provides information on which pathology tests to request and the frequency of these tests depending on the severity of the hypertension.
(See below)	☐ Moderate
Lab professionals to be made aware	 ✓ Chemical Pathologist ✓ Clinical Scientist ✓ Biomedical Scientist
Please detail the impact of this guideline (Max 150 words)	For assessment of urinary proteinuria, laboratory is required to provide: 1. Urine: protein creatinine ratio for spot urine samples 2. 24-hour urine protein quantification
Impact on Lah	Laboratory should have a recognised method of evaluating the completeness of 24 hour collections for 24 hour urine protein quantification, for example, quantifying urine volume.

Impact on Lab

- None: This NICE guideline has no impact on the provision of laboratory services
- Moderate: This NICE guideline has information that is of relevance to our pathology service and may require review of our current service provision.
- **Important:** This NICE guideline is of direct relevance to our pathology service and will have a direct impact on one or more of the services that we currently offer.

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