

Presentation with suspected pre-eclampsia at 20+0 to 36+6 weeks

(with no immediate indication for delivery)

Presentation with suspected pre-eclampsia at 20+0 to 36+6 weeks
<ul style="list-style-type: none"> Offer assessment of maternal symptoms and blood pressure monitoring Offer blood tests (FBC, LFT, U&Es), urinalysis and send PCR/ACR sample to assess maternal wellbeing Offer CTG, biometry and Dopplers to assess fetal wellbeing where indicated

Diagnosis confirmed
New hypertension (>140/90mmHg) and confirmed significant proteinuria (PCR >30mg/mmol or ACR>8)* = Diagnosis confirmed on initial assessment
Treat as pre-eclampsia, no need to offer PIGF testing. See Overview Hypertension in pregnancy Quality standards NICE

Diagnosis not confirmed
At 20+0 to 36+6 weeks, presentation of one of the following: <ul style="list-style-type: none"> New hypertension (>140/90mmHg) requiring treatment with slight proteinuria (PCR <30mg/mmol or ACR <8mg/mmol)* Normal BP with new onset significant proteinuria (PCR >30mg/mmol or ACR >8mg/mmol)* Worsening essential hypertension Worsening proteinuria in pre-existing renal disease/diabetes Suspected placental insufficiency (USS suggestive of SGA <10th centile or abnormal umbilical artery Doppler PI >95th centile or oligohydramnios)
Offer PIGF testing to establish diagnosis.

20 to 33+6 weeks: Ratio >85 34 to 36+6 weeks: Ratio >110
Diagnosis of pre-eclampsia confirmed.
Continue close surveillance (minimum alternate days) and consider inpatient management
Do NOT repeat PIGF test
A positive PIGF test is not an <i>isolated</i> indication for delivery at <37 weeks. Discuss management with a senior obstetrician (ST6 or above).

Intermediate result – pre-eclampsia may develop.
20 to 33+6 weeks: Ratio 34-85 34 to 36+6 weeks: Ratio 34-110
Intermediate result – pre-eclampsia may develop.
Increased surveillance, minimum weekly attendance at DAU/DBU
Refer to NHS Lothian Hypertension in Pregnancy and Postpartum guideline for management.
The PARROT-2 study (Hurrell et al, 2024) showed no benefit to perinatal outcomes from repeat PIGF testing. This practice is not currently recommended. PIGF testing could be repeated in 14 days if still <37+0 weeks, at the discretion of a consultant obstetrician or specialty doctor.

Pre-eclampsia excluded for next 7 days.
All gestations Ratio <33
Pre-eclampsia excluded for next 7 days.
Consider home BP and urine monitoring with re-referral to Triage/DBU as needed.