



Considerations

1. Use clinical judgment to determine appropriate interval between initial and repeat BP assessments. Consider gestational age, risk factors and signs and/or symptoms of preeclampsia.
2. If sBP greater than or equal to 140 mmHg but dBP less than 90 mmHg, consider risk factors for transiently elevated sBP, including anxiety, stress, caffeine intake and recent exercise.
3. To average BP measurements, add up the systolic and diastolic values separately, then divide by the number of readings (e.g., 148/88 mmHg + 136/92 mmHg = average BP 142/90 mmHg).
4. An automated device validated for use in pregnancy and/or with preeclampsia may calculate an average BP value based on a pre-programmed series of two or more measurements.
5. Based on the average of at least two measurements, using the same arm.
6. Investigations may include HDP blood work, proteinuria assessment and increased surveillance of the pregnant person and/or the fetus.
7. Reassessment may include HDP investigations if there is clinical suspicion of HDP and/or if HDP risk factors present.