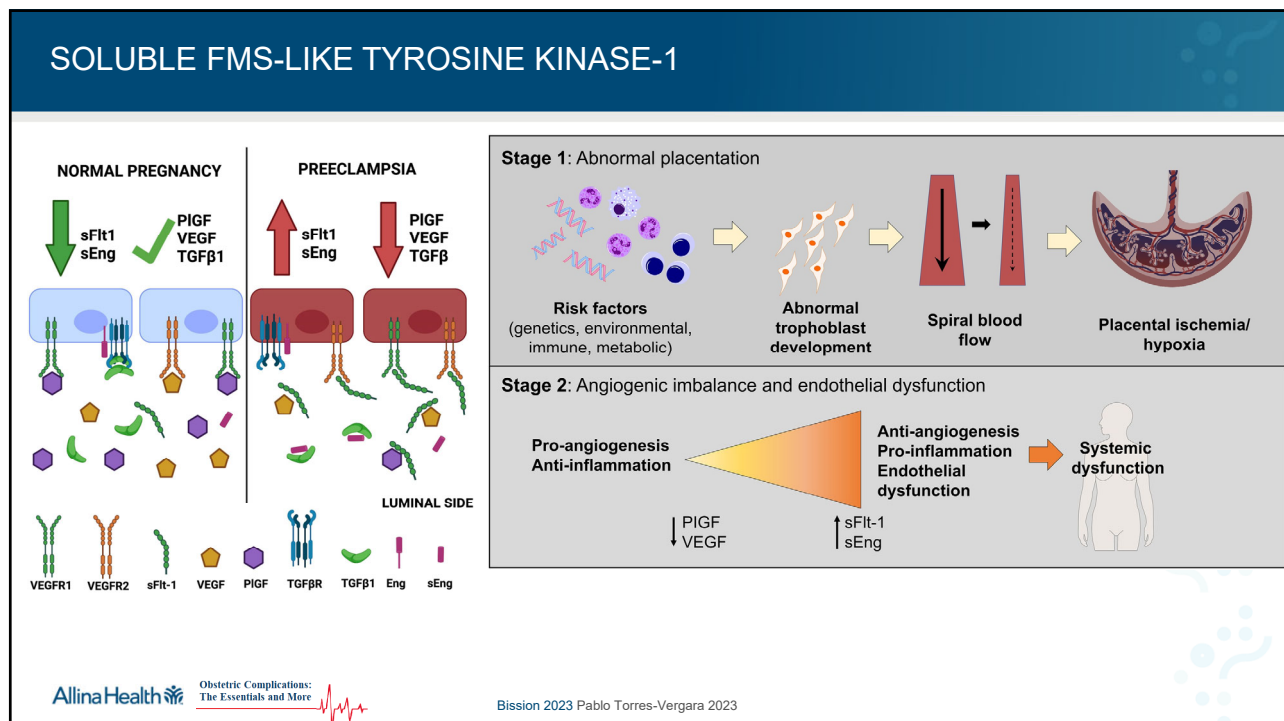
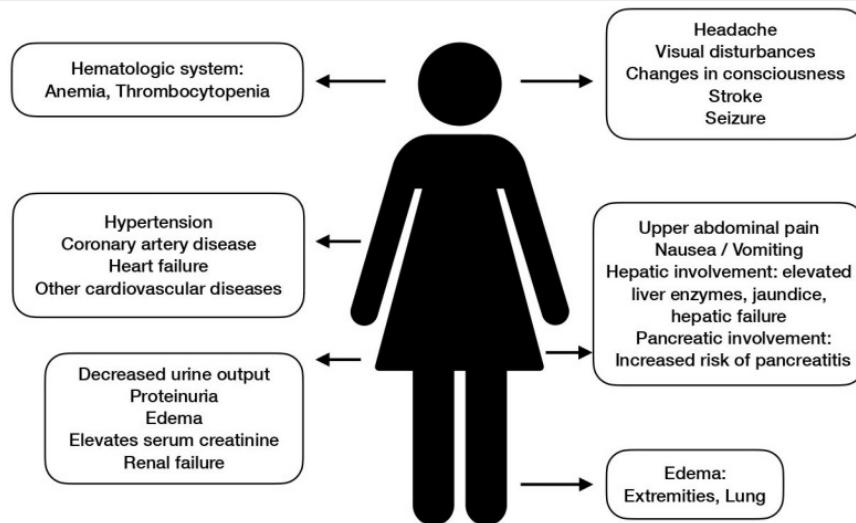


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CLINICAL PRESENTATION



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SFLT TESTING

	High risk	Moderate risk
Hypertensive or placental-disease-related disease during a previous pregnancy, including preeclampsia, intrauterine growth restriction, and placental abruption	✓	
Chronic hypertension	✓	
Chronic kidney disease	✓	
Multiple pregnancy	✓	
Type I or II diabetes mellitus	✓	
Systemic lupus erythematosus/other autoimmune disease	✓	
Advanced maternal age (over 40 years)		✓
Pregnancy interval of >10 years		✓
First pregnancy		✓
History of thrombophilia		✓
Family history of preeclampsia		✓
Obesity		✓
Assisted conception		✓

The sFlt-1/PlGF ratio test can be used from 20 weeks through to 36 + 6 weeks, as a tool for short-term prediction and aid for diagnosis in high-risk women or among women with a clinical suspicion of preeclampsia [20,21,24,68]

The ratio test can also be used in women after 37 weeks, in all cases where preeclampsia is suspected or as a follow-up to evaluate uteroplacental dysfunction [69,70]

The ratio test can be used in three scenarios:

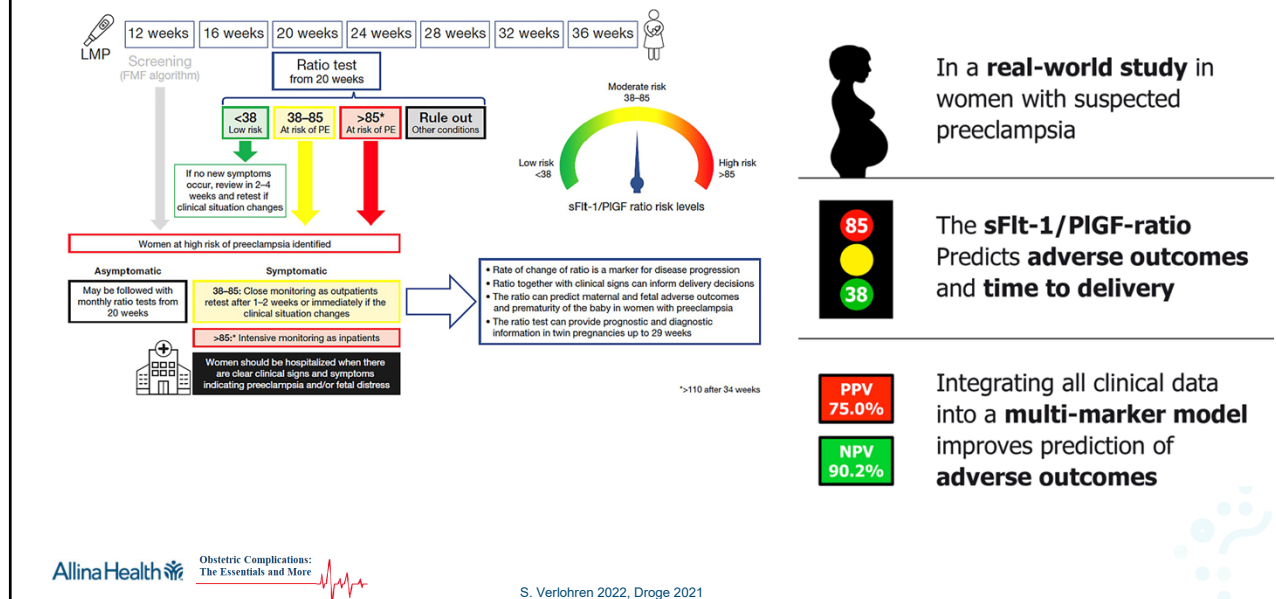
1. Women considered to be at risk of preeclampsia
2. Women who have clinical features suspicious of preeclampsia (and in whom preeclampsia is not already confirmed)
3. For management planning and decision making among women diagnosed with preeclampsia

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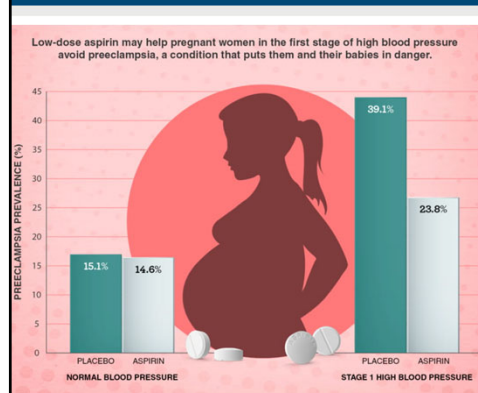
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TESTING: SFLT/PIGF RATIO



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PREECLAMPSIA PREVENTION



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PREDICT TO PREVENT PREECLAMPSIA:

Checklist for high-risk patients

Monitoring

- ☐ Patient education: signs & symptoms of preeclampsia
- ☐ Measure cuff size, validate home blood pressure (BP) cuff
- ☐ Home BP check every 2 weeks <20 weeks, then weekly >20 weeks til delivery
- ☐ Sleep: goal 7+ hrs, consider sleep study if excessive fatigue, gasping/choking, etc.

Medication & Labs

- ☐ Baseline preeclampsia labs
- ☐ Low dose aspirin (initiate 12-28 weeks)
 - ☐ Patient ed: Take at least 90% of the time & at night
- ☐ Chronic Hypertension:
 - ☐ Goal BP <140/90
 - ☐ If well-controlled on meds at beginning of pregnancy, continue meds

Nutrition & Lifestyle

- ☐ 600-2000 IU/day vitamin D (including amount in prenatal vitamins)
- ☐ Calcium: if <800 mg/day, increase to 1000 mg/day through diet or supplement 500 mg/day
- ☐ Exercise: 3-4x week 30-60 min
- ☐ Smoking cessation
- ☐ Mediterranean diet
- ☐ Nutrition consult

For more preeclampsia prevention information, review: J. Roberts, et al. Care plan for individuals at risk for preeclampsia: Shared approach to education, strategies for prevention, surveillance and follow up. AJOG. 2023

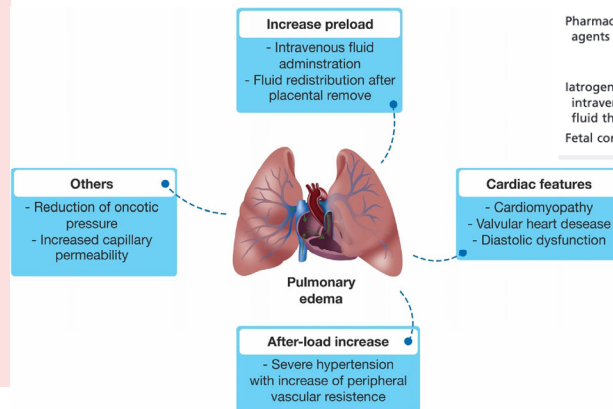
Table. Clinical Risk Assessment for Preeclampsia*

Risk Level	Risk Factors	Recommendation
High†	History of preeclampsia, especially when accompanied by an adverse outcome Multifetal gestation Chronic hypertension Type 1 or 2 diabetes Renal disease Autoimmune disease (systemic lupus erythematosus, antiphospholipid syndrome)	Recommend low-dose aspirin if the patient has ≥1 of these high-risk factors
Moderate‡	Nulliparity Obesity (body mass index >30 kg/m²) Family history of preeclampsia (mother or sister) Sociodemographic characteristics (African American race, low socioeconomic status) Age ≥35 years Personal history factors (e.g., low birthweight or small for gestational age, previous adverse pregnancy outcome, >10-year pregnancy interval)	Consider low-dose aspirin if the patient has several of these moderate-risk factors§
Low	Previous uncomplicated full-term delivery	Do not recommend low-dose aspirin

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PULMONARY EDEMA AND PREECLAMPSIA

- Often confused with PPCM
- Normal EF (> 45%) on echo
- Often has increased BNP/proBNP
- Fluid Matters
- Study looking at lower fluid in LD in HTN pregnancy
 - Median fluid 2100 ml vs 5550 ml
 - 0 vs 19 cases of Pulm Edema



Category	Specific risk factors
Pre-existing pre-pregnancy conditions	Cardiovascular disease (hypertension, ischaemic heart disease, congenital heart disease, valvular heart disease, arrhythmias, cardiomyopathy) Obesity Increased maternal age Endocrine disorders (phaeochromocytoma and hyperthyroidism)
Specific diseases in pregnancy	Pre-eclampsia Cardiomyopathy Sepsis Preterm labour Amniotic fluid embolism Pulmonary embolism
Pharmacological agents	β-Adrenergic tocolytic agents Corticosteroids Magnesium sulphate Illicit drugs including cocaine
Iatrogenic intravenous fluid therapy	Positive fluid balance > 2000 ml
Fetal conditions	Multiple gestation

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Brazilian Journal of Anesthesiology 2021;71(4):421---428, Dennis Anesthesia 2012, Thornton 2011