Supplement A.

International guidelines hypertension in pregnancy. Definitions.

	NICE 2010 and 2019	ISSHP 2018	ACOG 2013	USPSTF 2017	SOGC 2014	Queensland 2015	DSOG 2018
Gestational hypertension	sBP ≥ 140 mmHg *and* dBP ≥ 90 mmHg Two recordings 4 hours interval No sign of PE	sBP ≥ 140 mmHg *and* dBP ≥ 90 mmHg Two recordings, preferably on nights rest between. >20gw Normal BP postpartum	sBP ≥ 140 mmHg *and* dBP ≥ 90 mmHg No sign of PE	sBT ≥140 mmHg *and* dBT ≥90 mmHg Two recording, 4 h interval > 20gw	sBP ≥ 140 mmHg *and/or* dBP ≥ 90 mmHg Two recordings at least 15 min interval Preeclampsia must be evaluated in every case of GH	sBP ≥ 140 mmHg *and/or* dBP ≥ 90 mmHg > 20gw No proteinuria Normal BP 3 months postpartum	sBT ≥140 mmHg *and/or* dBT ≥90 mmHg Two recording, 4 h interval > 20gw *or* sBT ≥135 mmHg and or ≥85 mmHg measured at home
Severe hypertension	sBP ≥ 160 mmHg dBP ≥ 110 mmHg Two recordings 15 min intervall	sBP ≥ 160 mmHg dBP ≥ 110 mmHg Two recordings 15 min interval if not treatment has started	sBP ≥ 160 mmHg dBP ≥ 110 mmHg Two recordings 15 min intervall		sBP ≥ 160 mmHg *or* dBP ≥ 110 mmHg Two recordings 15 min intervall	sBP ≥ 160 mmHg *and/or* dBP ≥ 110 mmHg sBP ≥ 170 mmHg *and/without* dBP ≥ 110 mmHg is an emergency and should be treated immediately	sBP ≥ 160 mmHg *and/or* dBP ≥ 110 mmHg two recording with some minutes interval
White coat hypertension	NA	Elevated office/clinic (≥140/90 mmHg) BP but normal BP measured at home or work (	Elevated office/clinic (≥140/90 mmHg) BP but normal BP measured at home or work (< 135/85		Elevated office/clinic (≥140mmHg *and/or* 90 mmHg) BP but normal BP measured at home	Elevated office/clinic (≥140/90 mmHg) BP but normal BP measured at home or work (< 135/85 mmHg using an	Elevated office/clinic (≥140/90 mmHg) BP but normal BP measured at

		< 135/85 mmHg	mmHg using an ABPM		or work (< 135/85 mmHg	appropriately validated device	home or work (< 135/85 mmHg
Chronic hypertension	Hypertension before 20gw	Hypertension before 20gw	Hypertension before 20gw		Hypertension before 20gw Hypertension before pregnancy with chronic disease eg -diabetes typ I o II -kidney disease	Hypertension before pregnancy or before 20gw Women with antihypertnsive treatment of no cause and low sBP or dBP - secondary hypertension eg chronic kidney disease, stenosis of a.renalis, systemic disease such as -endocrine disorders (pheokromocytoma, mb Cushing, hyper/hypothyroidism) -coarctation of aorta -medically induced	Hypertension before 20gw
Preeclampsia	Gestational hypertension with ≥1 of the following new symptoms/signs 1. proteinuria 2. other maternal organ dysfunction: -acute kidney injury (crea ≥90 umol/L) -liver involvement (elevated	Hypertension and ≥1 of the following new symptoms/signs -Proteinuria (spot urine prot/crea ≥30mg/mmol ((.26=0.3 mg/mg) or ≥300mg/day or at least 1g/L ((2+)) on	Gestational hypertension and new proteinuria or ≥1 of : Thrombocytopenia <100.000/mL, Impaired liverfunction (elevated bloodlevels of transaminases 2 times normal)	sBP ≥140 mmHg *and* dBP ≥90 mmHg Two recording with 4 h interval after gw 20 *and* -Proteinuria (spot urine prot/crea ≥30mg/mmol ((.26=0.3 mg/mg) or ≥300mg/24 h or at least 1g/L (≥2+)	Gestational hypertension with ≥1 of the following: Debut of proteinuria *or* ≥1 of the following headache/visual disturbance, Chestpain/dyspnea, Oxygensaturation <97%, elevated LPK PK APT, crea,	Multiorgan disease with hypertension and engagement of ≥1 organ systems *and/or the* fetus See below -Random PrCr ≥ 30 mg/mmol - renal insufficiency (crea ≥90 umol/L), oliguria -TPK <100x10^9/L, hemolysis, DIC	Multiorgan disease with hypertension and engagement of organ systems *and/or the* fetus See below -Random PrCr ≥ 30 mg/mmol - renal insufficiency (crea ≥100

	transaminases, ALT or AST >40IU/L with or without epigastric pain or upper right sided abdominal pain) -neurological complications (examples include eclampsia, altered mental status, blindness, stroke, clonus, severe headache, persistent visual scotoma) -hematological complications (thrombocytopenia TPK< 150.000/uL, DIC, hemolysis) 3. uteroplacentär dysfunction (IUGR, abnormal umbilical artery Doppler wave-form, stillbirth)	dipstick which should be confirmed) 24-h measure is indicated to rule out diagnosis of nefrotic syndrome Other maternal organ engagement: -renal insufficiency (crea ≥90 umol/L) -liver engagement (elevated transaminases x2 or epigastric pain) -neurologiscal complication (eg eclampsia, desorientation, blindness, stroke, hyperreflexia with clonus, severe headache and hyperreflexia, -persisting visual	Development of renal insufficiency (doubling of serum creatinine in the absence of other renal disese) Pulmonary oedema Cerebral or visual disturbances	on dipstick which should be confirmed) *or* (if no proteiunuria) thrombocytopenia, renal insufficiency, elevated transaminases, pulmonary oedema, cerebral- or eye-symptoms	or urate, lowered TPK, Nausea, vomiting, upper right sided abdominal or epigastric pain, elevated ASAT, ALAT, LD eller bili Pathological CTG, IUGR, oligohydramniosis, no or reversed end-diastolic dopplerflow	- elevated transaminases severe epigastric pain or upper right sided abdominal pain -severe headache, persisting visual disturbance, hyperreflexia with clonus, seizures (eclampsia, stroke) - pulmonary oedema -IUGR	mmol/L), oliguria -TPK $<100x10^9$/L, hemolysis, DIC - doubled elevation of transaminases -severe headache, persisting visual disturbance, hyperreflexia with clonus, seizures (eclampsia, stroke) - pulmonary oedema -IUGR

		disturbance, scotoma -coagulation disturbances (TPK <150 000/dL, DIC, hemolysis) Uteroplacental dysfunction (IUGR)					
Severe preeclampsia	Preeclampsia with severe hypertension and/or with symptoms and/or biochemical and/or hematological impairment	Preeclampsia with or without severe features. The term severe preeclampsia should not be used in clinical practice	sBP ≥ 160 mmHg dBP ≥ 110 mmHg *and* Proteinuria *or* *with organdysfunction* TPK <100, liver engagement pulmonary oedema		Preeclampsia with one or more severe complications Eclampsia, PRES,cortical blindness or retinal detachement, Glasgow coma scle <13,stroke, TIA,RIND, uncontrolled hypertension despite ≥3 antihypertensive drugs,TPK<50, creatinine >150 uM, hepatic hematoma,placental abruption,IUFD	Severe hypertension *with* Proteinuria *or* with deteriorating clinical condition	sBP ≥ 160 mmHg dBP ≥ 110 mmHg *and/or* subjective symptoms *or* biochemical impairment Proteinuria *or* organdysfunction TPK <100, liver engagement, pulmonary oedema, HELLP
Super-imposed preeclampsia	Chronic hypertension with development of organ dysfunction	Chronic hypertension with development of	Chronic hypertension with rise in BP after 20 gw, need for more		Chronic hypertension and with onset after 20	Preexisting hypertension and new signs of preeclampsia after 20 gw	Chronic hypertension with increased BP, need of more

	as above after 20 gw.	organ dysfunction as above after 20 gw.	antihypertensive drugs New or deteriorating proteinuria ≥ 1 serious complication		gw ≥ 1 of the following Therapy resistent hypertension with ≥ 1 different antihypertensive drugs, increase or new onset of proteinuria, ≥1 adverse condition, ≥ 1 serious complication as above		antihypertensive drugs, new or increased proteinuria, serious complication,
Eclampsia	A convulsive condition associated with preeclampsia	Not stated	Onset of or unexplained convulsions in preeclampsia		Onset of or unexplained convulsions in preeclampsia	Onset of or unexplained convulsions in preeclampsia	Onset of convulsions during pregnancy, delivery or in the puerperium without any other etiology

BPM=AUTOMATED BLOOD PRESSURE MEASUREMENT