

Task Force Issues Draft Recommendation Statement on Screening for Hypertensive Disorders of Pregnancy

All pregnant people should have their blood pressure measured at each prenatal visit

WASHINGTON, D.C. – February 7, 2023 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement on screening for hypertensive disorders of pregnancy. The Task Force recommends that all pregnant women and pregnant people of all genders have their blood pressure measured at each prenatal visit to help identify and prevent serious health issues related to hypertensive disorders of pregnancy. **This is a B grade.** This recommendation applies to pregnant people without a known diagnosis of hypertension.

Grade in this recommendation:

B: Recommended.

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Hypertensive disorders of pregnancy are marked by elevated blood pressure during pregnancy. These conditions include gestational hypertension, preeclampsia/eclampsia, and chronic hypertension with and without superimposed preeclampsia. Hypertensive disorders of pregnancy can lead to complications for the pregnant person including stroke, retinal detachment (a serious eye condition where the retina pulls away from its normal position), organ damage or failure, and seizures. Complications for the baby include not growing as expected, low birth weight, and stillbirth.

“Hypertensive disorders of pregnancy are among the leading causes of serious complications and death for pregnant people in the United States,” says Task Force member Esa Davis, M.D., M.P.H. “Fortunately, measuring blood pressure at each prenatal visit is an effective way to screen for these conditions so pregnant people can receive the care they need.”

It is essential that all pregnant people are screened and those who screen positive receive evidence-based management for their condition. Risk factors for hypertensive disorders of pregnancy include a history of eclampsia or preeclampsia or a family history of preeclampsia, a previous adverse pregnancy outcome, having gestational diabetes or chronic hypertension, being pregnant with more than one baby or this being a first pregnancy, having a high BMI prior to pregnancy, and being 35 years or older. Additionally, Black, American Indian, and Alaska Native people are much more likely to both have and die from a hypertensive disorder of pregnancy.

“Importantly, we are using this draft recommendation statement to call attention to the inequities related to hypertensive disorders of pregnancy,” says Task Force vice chair Wanda Nicholson, M.D., M.P.H., M.B.A. “While taking blood pressure throughout pregnancy is an important first step, screening alone cannot fully address these inequities. We have highlighted additional promising ways to improve health outcomes for those at increased risk and are calling for more research to address this important issue.”

The Task Force’s draft recommendation statement and draft evidence review have been posted for public comment on the Task Force website at <https://www.uspreventiveservicestaskforce.org>. Comments can be submitted from February 7, 2023, to March 6, 2023, at <https://www.uspreventiveservicestaskforce.org/tfcomment.htm>.

The Task Force is an independent, volunteer panel of national experts in prevention and evidence-based medicine that works to improve the health of people nationwide by making evidence-based recommendations about clinical preventive services such as screenings, counseling services, and preventive medications.

Dr. Davis is an associate professor of medicine and clinical and translational science at the University of Pittsburgh School of Medicine and the director of the University of Pittsburgh Medical Center Tobacco Treatment Service. She is the co-director of the Clinical and Translational Science Institute's KL2 Program and director of the Career Education and Enhancement for Health Care Research Diversity Program at the University of Pittsburgh. Dr. Davis is a practicing family physician and health services researcher.

Dr. Nicholson is a senior associate dean for diversity, equity and inclusion and professor of prevention and community health at the Milken Institute School of Public Health at the George Washington University. She is a member and vice-president-elect of the board of directors of the American Board of Obstetrics & Gynecology, Editor, Health Equity, Diversity and Inclusion for the American Journal of Obstetrics and Gynecology, past chair of the American College of Obstetricians and Gynecologists (ACOG) Diversity, Equity, and Inclusive Excellence Workgroup, and an immediate past member of the executive board of ACOG.

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