

Task Force Issues Final 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. – September 19, 2023 – The U.S. Preventive Services Task Force (Task Force) today published a final 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 a hypertensive disorder of pregnancy or chronic 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, and eclampsia. 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.

“The Task Force continues to find that measuring blood pressure at each prenatal visit is an effective way to screen for hypertensive disorders of pregnancy,” says Task Force member Esa Davis, M.D., M.P.H. “Because these conditions can cause serious health issues, screening is an important way to keep pregnant people and their babies healthy.”

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, Native American, and Alaska Native people are much more likely to both have and die from a hypertensive disorder of pregnancy.

“Ensuring all pregnant people have their blood pressure taken is an important first step, but it is not enough to improve the inequities that our Black, Native American, and Alaska Native patients face related to hypertensive disorders of pregnancy,” says Task Force vice chair Wanda Nicholson, M.D., M.P.H., M.B.A. “We are using this recommendation to call for more research in this important area and to highlight promising ways to address these inequities and improve the health of those at increased risk.”

The Task Force’s final recommendation statement and corresponding evidence summary have been published online in the *Journal of the American Medical Association*, as well as on the Task Force website at: <https://www.uspreventiveservicestaskforce.org>. A draft version of the recommendation statement and evidence review were available for public comment from February 7, 2023, to March 6, 2023.

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 a professor of medicine and family and community medicine, the associate vice president for community health, and the senior associate dean of population and community medicine at the University of Maryland School of Medicine. She is the lead health equity strategist for the University of Maryland Institute for Health Computing. Dr. Davis is also the director of the Transforming Biomedical Research and Academic Faculty Through Leadership Opportunities, Training, and Mentorship (TRANSFORM) program.

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 & 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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