

U.S. Preventive Services Task Force Recommends Screening for Preeclampsia in Pregnant Women

Task Force found that screening with blood pressure should be conducted throughout pregnancy

WASHINGTON, D.C. – April 25, 2017 – The U.S. Preventive Services Task Force (Task Force) today published a final recommendation statement and evidence summary on screening for preeclampsia. The Task Force recommends screening pregnant women for preeclampsia with blood pressure measurements throughout pregnancy. **This is a B recommendation.**

Preeclampsia is associated with high blood pressure in pregnant women after 20 weeks of pregnancy. It is one of the most serious health problems affecting pregnant women and is a leading cause of preterm delivery and low birth weight in the U.S.

“Preeclampsia can progress quickly and lead to severe complications for both the mother and infant,” says Task Force member Maureen G. Phipps, M.D., M.P.H. “It is critical that women be screened for preeclampsia during every clinical visit throughout their pregnancy.”

Grades in this recommendation:

B: Recommended

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The evidence the Task Force reviewed indicates that blood pressure screening has few harms. Complications from preeclampsia for the mother can include stroke, seizures, and organ failure. Complications for the infant include slow growth inside the uterus, low birth weight, placental abruption, preterm labor, and even death. The only way to completely treat the condition is to deliver the baby, and often before the baby’s due date if the condition worsens.

“If a pregnant woman has high blood pressure during a clinical visit, she should receive further testing and evaluation,” says Task Force vice chair David C. Grossman, M.D., M.P.H. “Several high blood pressure measurements are needed to diagnose preeclampsia.”

This final recommendation applies to pregnant women without a current diagnosis of preeclampsia and with no signs or symptoms of preeclampsia or hypertension. It updates the 1996 final recommendation and is consistent with the 2016 draft recommendation.

This recommendation statement has been published online in the *Journal of the American Medical Association*, as well as on the Task Force Web site at: www.uspreventiveservicestaskforce.org. A draft version of the recommendation statement was available for public comment from September 27 to October 24, 2016.

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

Dr. Phipps is the department chair and Chace-Joukowsky professor of obstetrics and gynecology and assistant dean for teaching and research on women's health at the Warren Alpert Medical School of Brown University. She is also a professor of epidemiology in the School of Public Health at Brown

University. In addition, she is the chief of obstetrics and gynecology at Women & Infants Hospital of Rhode Island and the executive chief of obstetrics and gynecology at Care New England.

Dr. Grossman is a board-certified pediatrician recognized for his research on clinical preventive services, injury prevention, and Native American health. He is a senior investigator at the Kaiser Permanente Washington Health Research Institute, where he is also medical director for population health. He is also professor of health services and adjunct professor of pediatrics at the University of Washington.

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