

U.S. Preventive Services Task Force Seeks Comments on Draft Recommendation Statement on Screening for Preeclampsia in Pregnant Women

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

WASHINGTON, D.C. – September 27, 2016 – The U.S. Preventive Services Task Force (Task Force) today posted a draft recommendation statement and draft evidence review on screening for preeclampsia. Based on its review of the evidence, the Task Force recommends screening for preeclampsia in pregnant women with blood pressure measurements throughout pregnancy. **This is a B recommendation.**

Preeclampsia is associated with high blood pressure in pregnant women. It can progress quickly and become severe. It usually begins after 20 weeks of pregnancy.

Grades in this recommendation:

B: Recommended.

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“Preeclampsia is a serious health problem affecting pregnant women and is a leading cause of preterm birth in the U.S.,” says Task Force member Maureen G. Phipps, M.D., M.P.H. “In order to improve outcomes for mothers and their babies, it is critical that women be screened for preeclampsia during every clinical visit throughout their pregnancy.”

Preeclampsia can present complications for both mother and infant. Complications for the mother include stroke, seizures, organ failure and, rarely, death. Complications for the infant include slow growth inside the uterus, low birth weight, and even death. If the condition worsens, the only way to fully treat the condition is to deliver the baby often before the baby’s due date.

“If a patient has high blood pressure during a visit, she should receive further testing and evaluation,” says Task Force member William R. Phillips, M.D., M.P.H. “Multiple elevated blood pressure measurements are needed to diagnose preeclampsia.”

This draft recommendation applies to pregnant women without a current diagnosis of preeclampsia and who have no signs or symptoms of the condition. It updates and reaffirms the Task Force’s 1996 final recommendation.

The Task Force’s draft recommendation statement and draft evidence review have posted for public comment on the Task Force Web site at www.uspreventiveservicestaskforce.org. Comments can be submitted from September 27 to October 24 at www.uspreventiveservicestaskforce.org/tfcomment.htm. Also available is a fact sheet that explains the draft recommendation statement in plain language. All public comments will be considered as the Task Force develops its final recommendation and final evidence review.

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.

Maureen G. 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.

William R. Phillips is the Theodore J. Phillips endowed professor in family medicine and clinical professor of health services and epidemiology at the University of Washington, Seattle. Dr. Phillips is also senior associate editor of the *Annals of Family Medicine*.

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