

INPATIENT VS OUTPATIENT MANAGEMENT OF PREECLAMPSIA

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DELIVERY

- $\geq 37 \frac{0}{7}$ weeks for PE with or without severe features
- $\geq 34 \frac{0}{7}$ weeks for PE with severe features

INPATIENT MANAGEMENT

- Severe preeclampsia
 - Regardless of the gestational age
- Unreliable patient
- Transportation issues
- Failed outpatient management
- Consider if <34 0/7 weeks

CONSIDERING OUTPATIENT MANAGEMENT

- Reliable patient
- Assess fetal well being
- Ultrasound for growth
- Labs: CBC with platelets, CMP

OUTPATIENT MANAGEMENT

- 34 0/7 weeks to 37 0/7 weeks: PE without severe features
- 34 0/7 weeks to 37 0/7 weeks: Gestational hypertension
- \leq 34 0/7 weeks in uncomplicated PE without severe features

OUTPATIENT MANAGEMENT

- 1-2 times a week clinic visit
- Once a week labs
- Home blood pressure monitoring
- Excellent education on signs and symptoms to return
- Fetal assessment as indicated
- Use the right sized BP cuff

ANTIHYPERTENSIVE MANAGEMENT

- If hypertensive on medication, increase medication
- If not hypertensive, consider starting medication

ARE THERE NEW TOOLS ON THE HORIZON?

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ORIGINAL ARTICLE

Circulating Angiogenic Factors and the Risk of Preeclampsia

Richard J. Levine, M.D., M.P.H., Sharon E. Maynard, M.D., Cong Qian, M.S.,
Kee-Hak Lim, M.D., Lucinda J. England, M.D., M.S.P.H., Kai F. Yu, Ph.D.,
Enrique F. Schisterman, Ph.D., Ravi Thadhani, M.D., M.P.H.,
Benjamin P. Sachs, M.B., B.S., D.P.H., Franklin H. Epstein, M.D.,
Baha M. Sibai, M.D., Vikas P. Sukhatme, M.D., Ph.D.,
and S. Ananth Karumanchi, M.D.

sFlt-1:PIGF RATIO

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Predictive Value of the sFlt-1:PIGF Ratio in Women with Suspected Preeclampsia

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Anne Cathrine Staff, M.D., Ph.D., Maria Sennström, M.D., Ph.D., Matts Olovsson, M.D., Ph.D.,
Shaun P. Brennecke, M.B., B.S., D.Phil., Holger Stepan, M.D., Deirdre Allegranza, B.A., Peter Dilba, M.Sc.,
Maria Schoedl, Ph.D., Martin Hund, Ph.D., and Stefan Verlohren, M.D., Ph.D.

sFlt-1:PIGF RATIO

Table 2. Validation of a Cutoff Point of 38 for the sFlt-1:PIGF Ratio in Predicting Preeclampsia.*

Preeclampsia	Development Cohort	Validation Cohort
	<i>percent (95% CI)</i>	
Within 1 wk		
Negative predictive value: rule out	98.9 (97.3–99.7)	99.3 (97.9–99.9)
Sensitivity	88.2 (72.5–96.7)	80.0 (51.9–95.7)
Specificity	80.0 (76.1–83.6)	78.3 (74.6–81.7)
Within 4 wk		
Positive predictive value: rule in	40.7 (31.9–49.9)	36.7 (28.4–45.7)
Sensitivity	74.6 (62.5–84.5)	66.2 (54.0–77.0)
Specificity	83.1 (79.3–86.5)	83.1 (79.4–86.3)

* Sensitivity was calculated on the basis of the number of participants in whom preeclampsia developed within 1 week or 4 weeks. Specificity was calculated on the basis of the number of participants in whom preeclampsia did not develop within 1 week or 4 weeks. Maternal serum levels of sFlt-1 and PIGF were both measured in picograms per milliliter.

sFlt-1:PIGF RATIO



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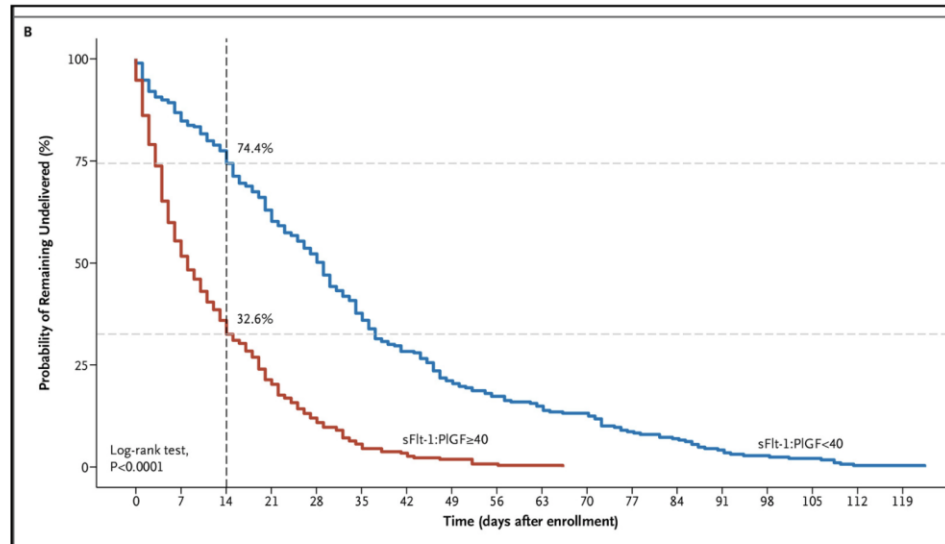
[DOI: 10.1056/EVIDoa2200161](https://doi.org/10.1056/EVIDoa2200161)

ORIGINAL ARTICLE

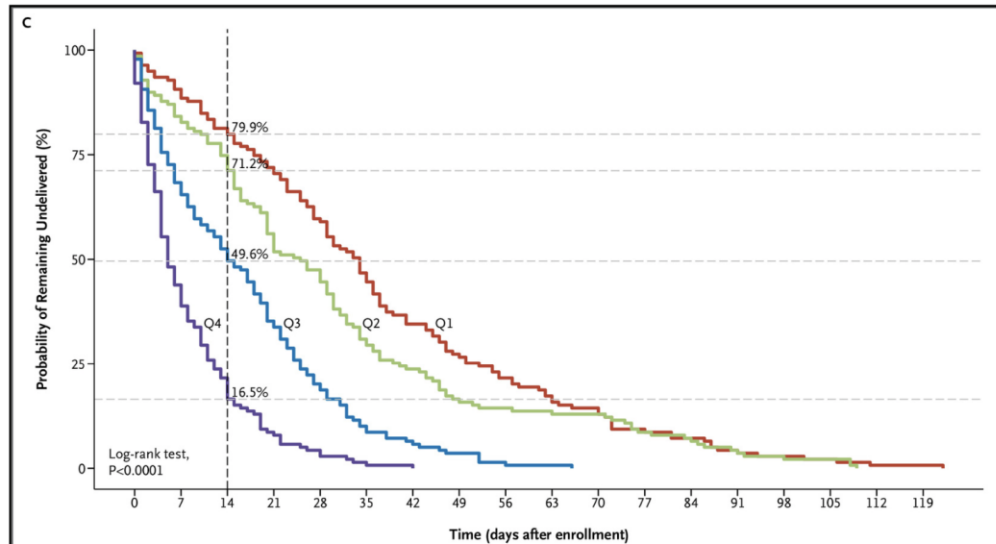
Circulating Angiogenic Factor Levels in Hypertensive Disorders of Pregnancy

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sFlt-1:PIGF RATIO



74.4% of women with sFlt-1:PIGF ratio < 40 remained undelivered at 2 weeks, compared with 32.6% of women with sFlt-1:PIGF ratio ≥ 40

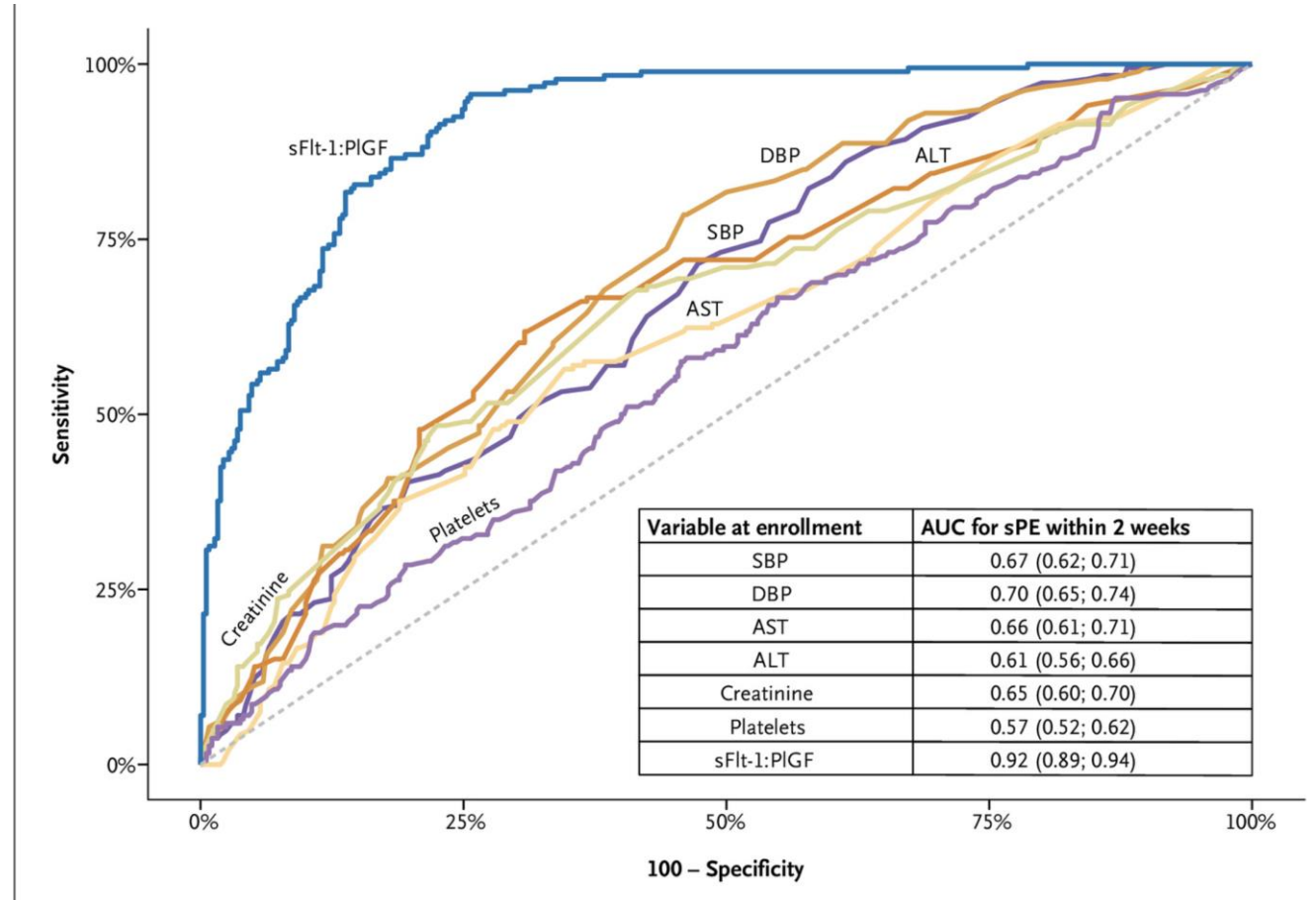


Probability of remaining undelivered with:

sflt:PIGF ratio > 220

sflt:PIGF ratio 35-220

sFlt-1:PIGF RATIO



CLINICAL APPLICATION

Target	Interpretation Sflt-1/PIGF ratio > 40 (high risk)	Interpretation Sflt-1/PIGF ratio <40 (low risk)	Warning
Patients admitted or extended observation for “rule out preeclampsia”	The patient is at high risk for progression to preeclampsia with severe features within 2 weeks. Consider escalating care and intensify surveillance	The patient is at low risk of progression to preeclampsia with severe features within 2 weeks. Follow standard of care via ACOG guidelines	The results of the test are not stand-alone. The tests should not exclude clinical judgement