

Table 1. Severe Preeclampsia and Management Options for Delayed Delivery^{6,7}

Criteria	Definition/Significance	Attempt to Delay Delivery
Persistent headache/blurred vision or scotomata*/mental status changes**	Suggest central nervous system dysfunction	No
Persistent epigastric pain or right upper quadrant pain	Suggest liver capsule distension or rupture	No
Eclampsia	Generalized tonic clonic seizure	No
Pulmonary edema and/or hypoxia (O ₂ saturation < 95%)	Excessive fluid accumulation in the lungs	No
Oliguria/Renal failure	Urine output of <500/24 hours or Creatinine > 1.2 (unless chronic renal disease)	No
Hepatocellular injury	Serum transaminases > 2x normal	No
Blood Pressure	> 160/110 mm Hg BP criteria for Severe Preeclampsia	Yes, if responds to treatment

*Patients with eclampsia and visual disturbances should be evaluated in consultation with critical care medicine/neurology for the presence of Posterior Reversible Encephalopathy Syndrome (PRES).

** Mental status changes in the presence of severe thrombocytopenia should be evaluated in consultation with hematology for Thrombotic Thrombocytopenic Purpura (TTP) and consideration for treatment or transfer to a center with treatment capacity should be given.