

Detailed medical history best screening for preeclampsia

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(HealthDay)—Taking a detailed medical history remains the best and only recommended screening approach for preeclampsia, according to a practice bulletin published in the September issue of *Obstetrics & Gynecology*.

Noting that hypertensive disorders with adverse sequelae complicate 5 to 10 percent of pregnancies, members of the Committee on Obstetric Practice discuss recommendations for early identification of preeclampsia.

According to the authors, in theory, early identification of women at risk for early-onset preeclampsia would allow for referral for more intensive surveillance or application of preventive therapies. However, the low positive predictive value for early-onset preeclampsia could hinder the effectiveness of such triage. Commercial tests are being marketed for preeclampsia prediction in the first trimester, in spite of the modest predictive value of first trimester preeclampsia risk assessment and the lack of data demonstrating improved clinical outcomes. Currently, the best and only recommended screening [approach](#) for preeclampsia is taking a detailed [medical history](#) to assess risk factors. Until studies show that aspirin or other interventions reduce the incidence of preeclampsia among women at high risk, based on first-trimester predictive tests, taking a detailed history should remain the method of screening.

"The American College of Obstetricians and Gynecologists does not

recommend screening to predict [preeclampsia](#) beyond obtaining an appropriate medical history," the authors write.

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