

SOGC's Updated Hypertension in Pregnancy Guideline 2022



R. D. Wilson

Radha Chari, MD¹; R. Douglas Wilson, MD²

¹Faculty of Medicine, University of Alberta, Edmonton, AB

²Cumming School of Medicine, University of Calgary, Calgary, AB

As co-chairs of the Society of Obstetricians and Gynaecologists of Canada's (SOGC's) 2021 Guideline Management Oversight Committee (GMOC), we are pleased to release, in this issue of the JOGC, the updated clinical practice guideline "Hypertensive Disorders of Pregnancy: Diagnosis, Prediction, Prevention, and Management." We would like to thank all of the authors for their hard work, as well as the reviewers, who provided additional expert input.

This SOGC guideline is one of several that have broad applicability, and this updated guidance provides a management approach for a serious maternal medical complication of pregnancy that obstetrical care providers will encounter in all maternity care centres across our country.

By appraising and distilling the best evidence on a topic, guidelines provide a framework for clinical education, informed consent, and decision-making. They are also used as a benchmark for clinical practice evaluation. The aim of SOGC guidelines is to enhance the provision of obstetrical and gynaecological health care in Canada, and the guidelines are also accessed by health care providers and researchers around the world. To date, the previous version of this guideline has been cited 318 times—the most of any article published in the JOGC.

However, we acknowledge that clinical decisions and outcomes are influenced by the clinical situation, the centre and its available resources, and the health care team's experience and expertise. It is impossible for one guideline to capture and address every situation and scenario.

For example, some variability exists among international guideline recommendations on the indication for and dosing of acetylsalicylic acid for the prevention of preeclampsia and the need for advanced fetal surveillance and Doppler screening. In the case of the latter, these screening

techniques may be limited to centres with specialized maternal-fetal medicine and imaging expertise. These guidelines may also differ in how they interpret the evidence that informs their recommendations. Such differences highlight the realities and challenges of implementing guideline recommendations across clinical settings in Canada and around the world, as well as the difficulties inherent in reaching expert consensus.

Acknowledging these complexities, the GMOC has introduced a new process for SOGC guideline authorship. This process was created to ensure that the SOGC's guidelines are timely, current, responsive to needs, based on best evidence, and free of bias.

To meet these goals moving forward, new procedures have been created to review and vet guideline topic proposals for appropriateness and establish clear submission deadlines for timely guideline production and review; these are detailed in a memorandum of agreement for authors. Timelines have been tightened and will be enforced, with the goal of ensuring all SOGC guidelines are published online within 12–15 months of the board's approval of the guideline proposal so that guideline content remains current.

The GMOC has instituted other practices to address the goals of responsiveness, rigour, and bias-free evidence synthesis. Authors are selected and approved by the GMOC based on their expertise and ensuring good representation from across Canada. Completed competing interest forms are collected from each guideline author,

J Obstet Gynaecol Can 2022;44(5):459-460

<https://doi.org/10.1016/j.jogc.2022.02.010>

© 2022 The Society of Obstetricians and Gynaecologists of Canada/La Société des obstétriciens et gynécologues du Canada. Published by Elsevier Inc. All rights reserved.

and any potential conflicts are declared in writing in the guideline. A comprehensive literature review is conducted by the authors to ensure that practice recommendations are informed by the most up-to-date evidence. A thorough review of the guideline then is conducted by committee members and experts in the field from across Canada. Final approval of all guidelines rests with the SOGC board of directors.

As is stated in all SOGC guidelines, these documents represent clinical and scientific advances as of the

publication date and are subject to change. These guidelines are not meant to dictate a course of treatment. Rather, institutions are free to amend the recommendations. The SOGC suggests, however, that any amendments are adequately discussed with the patient and documented as part of the informed consent process.

Please read and use this updated evidenced-based SOGC clinical practice guideline on the management of hypertension during pregnancy and consider how it fits within the context of your unique practice.