

Supplement B

Blood analyses.

Table 1. Basic analyses, laboratory analyses listed from guidelines, x denotes recommended.

Laboratory analyses	NICE 2010, 2016,2019 Evidence statements	ARG no 72 2014	ACOG 2013	SOGC 2014	QLD 2015	Danish guidelines 2018	ISSHP 2018	NLF
ALAT	+ feels sufficient evidence	x	x	X	x	x	x	x
Albumin		x		X maternal and fetal	x			x severe PE
Creatinine	+ feels sufficient evidence	x	x	X	x	x	x	x
Hemoglobin		x		x	x		x	x
Platelets	+ feels sufficient evidence <100x10 ⁹ /L control of other coagulation parameters	x	x	X , 2019,	x	x	x	
Protein/creatinine ratio	+ 13 refs, no consistency of cut-off median 24 mg/mmol(17-57) sens91(73-97) spec90(73-97)		X 0.3		X 30mg/mmol not repeated if significant proteinuria		x	x

	30 mg/mmol (9 refs) sens 83.6(77.5-89.7) spec 76.3(72.6-89)%							
Albumin/creatinine ratio	2 refs n=225 Cut off 2mg/mmol Sens94% spec 94% Cut off 27 mg/mmol Sens95% spec 100% 8mg/mmol sensitivetsgräns följas till 30mg/mol	x						x
Proteinuria dipstick	+ 300 ng/24 h sensitivity55%spec 84%PPV72% NPV30% (six refs)	x	x	x	>or= 2+ or repeated 1+	x	x	
proteinuri	Once significant proteinuria little benefit from repeating the analysis not associated with maternal outcome but weak association of proteinuria	x	x	x		x		

	>5g/24hwith IUFD, NICU and SGA							
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Table 2. Additional analyses. Laboratory analyses listed from guidelines and compared to PICO 5.

Laboratory analyses	NICE 2010 Evidence statements	ARG no 72 2014	ACOG 2013	SOGC 2014	QLD 2015	Danish guideines	ISSHP 2014	NLF
ASAT	Feels sufficient evidence	x	x	X adverse outcome(ao)	X		x	x
Alkaline phosphatases		x			x			
APTT		x		X ao	X	X TPK<100		severePE x
Antithrombin		x				X <100		x severePE
Antiphospholipid antibodies		x		x				
Bilirubin		x			x	x		
Cystatine-C								
D-dimers/FDP						X TPK<100		X severe PE
Fibrinogen		x		X ao	x	X <100		x severe PE
B-glucose				x	x			x acute fatty liver

Haptoglobin		x			X	X hemolysis		x severe PE
LDH		x			x	x		x
PK(INR)		x		X ao	X	X <100		x severe PE
Uric acid	Weak predictor for eclampsia and severe hypertension, SGA. Still birth and neonatal death could not be predicted Not more valuable than the other analyses	x		x	x	x	x	x