BACKGROUND
Hypertensive disorders in pregnancy with preexisting diabetes is common with a reported prevalence up to 40% in some populations. To eliminate the white-coat effect and to avoid excessive anti-hypertensive treatment, home blood pressure (BP) measuring can be used in pregnancy.

AIM
To determine the association between home BP and office BP in early pregnancy in women with preexisting diabetes in comparison with healthy women.

METHODS
Ninety-nine women with preexisting diabetes and 65 healthy women measured home BP for three days with three measurements both in the morning and in the evening with an automatic device (Microlife BP 3A Plus). Home BP was similar on the first and the following days of measurement in women with diabetes and in healthy women (p=0.53 and p=0.94), and therefore a mean of all 18 measurements was used. Office BP was routinely measured once after five minutes resting, and if values were 140/90 mmHg further measurements were done. White-coat hypertension was defined as office sys. BP ≥ 140 mmHg and/or office dia. ≥ 90 mmHg and home sys. BP ≤ 135 mmHg and/or home dia. BP ≤ 85 mmHg.

In early pregnancy both women with diabetes and healthy women has a white-coat effect exceeding five mmHg. The upper normal limit of home-BP was 111/74 mmHg.