

Intrapartum or Postpartum Hypertension

Acute-onset, severe hypertension that is persistent for 15 minutes or more is considered a hypertensive emergency. Severe systolic or severe diastolic hypertension, or both, can happen during the prenatal, intrapartum, or postpartum stages. This includes patients who are up to six weeks postpartum.

Patients who are of child-bearing age and present with symptoms of hypertension, such as headache or visual changes, need to be assessed immediately.¹ Also look for epigastric/abdominal pain and swelling of the hands and feet. To reduce the risk of maternal stroke, treatment with first-line antihypertensive agents needs to be initiated within 30-60 minutes of confirmed severe hypertension.¹

Severe hypertension requires **immediate** intervention

Act quickly and NIP IT!

- Acute-onset, severe systolic (≥ 160 mm Hg) hypertension
- Acute-onset, severe diastolic (≥ 110 mm Hg) hypertension

NOTIFY

Notify a healthcare provider immediately if systolic BP is ≥ 160 mm Hg or if diastolic BP is ≥ 110 mm Hg

INITIATE

Initiate treatment protocol and fetal monitoring as appropriate

PAY ATTENTION

Pay attention to BP; take BP measurements frequently and record findings. Consider 1:1 nursing care.

INTERVENE

Intervene if severe hypertension persists for 15 minutes or more by administering first-line antihypertensive medications as directed by a healthcare provider

TALK

Talk to a healthcare provider about possible admission to a critical care unit for closer observation



First-line medications

- Immediate-release oral nifedipine
 - Capsules should be administered orally
 - Do not puncture or give sublingually
- Hydralazine
- Labetalol

Once desired BP parameters have been achieved, repeat



- ! Don't lower the BP too quickly!
- ! If the BP threshold is still exceeded, other antihypertensive medications may be necessary.

Consult with maternal-fetal medicine or critical care subspecialists as needed.¹



REFERENCES:

1. The American College of Obstetricians and Gynecologists, Committee on Obstetric Practice. (April, 2017). Emergent Therapy for Acute-Onset, Severe Hypertension During Pregnancy and the Postpartum Period. Retrieved from <https://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Obstetric-Practice/Emergent-Therapy-for-Acute-Onset-Severe-Hypertension-During-Pregnancy-and-the-Postpartum-Period>