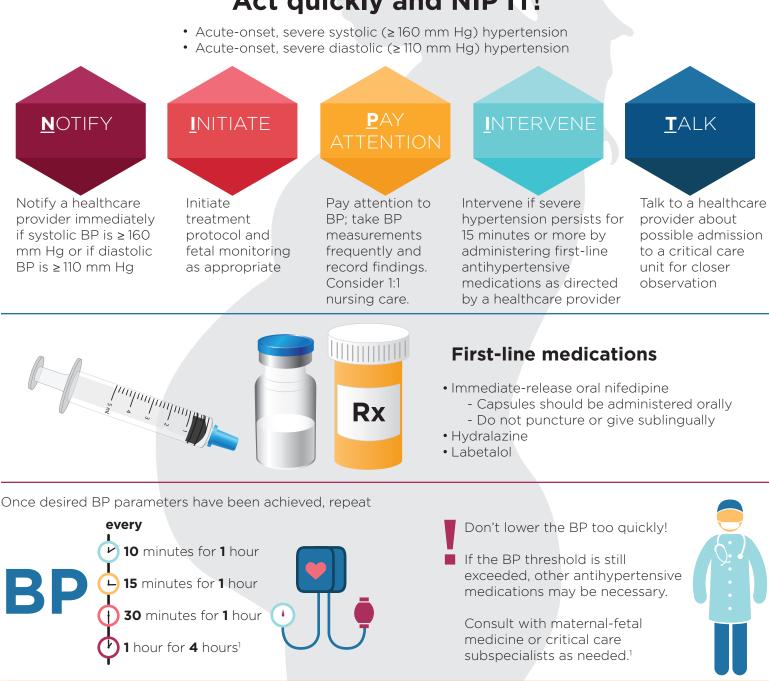
Intrapartum or Postpartum Hypertension

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!





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REFERENCES: 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/Com mittee-Opinions/Committee-on-Obstetric-Practice/Emer gent-Therapy-for-Acute-Onset-Severe-Hypertension-Duri ng-Pregnancy-and-the-Postpartum-Period