Management of postnatal hypertension - top tips

FOLLOW UP PLAN

Follow up	Hypertensive disorder			
	Chronic hypertension	Gestational hypertension	Pre - eclampsia Mild/ Moderate	Severe pre-eclampsia/ HELLP/ Eclampsia
Initial follow up	Community midwife and general practitioner			
BP frequency	At least once 3-5 days post birth then as clinically indicated	At least once 3-5 days post birth Then as clinically indicated	Every 1-2 days for 2 wks as above	
Acceptable BP	Aim BP <140/90	**BP should be <150/100 mmHg**. If not on antihypertensives commence if BP≥ 150/100		
Suitable antihypertensives	Labetalol, nifedipine, enalapril, atenolol, AVOID DIURETICS STOP METHYLDOPA WITHIN 2 DAYS OF DELIVERY			
When to reduce/ stop antihypertensive	NA If not seen before needs GP review at 2wks post birth Convert back to prepregnancy antihypertensive as indicated	If BP<130/80 reduce If BP < 140/ 90 consider reducing If not seen before needs GP review at 2wks post birth	If BP<130/80 reduce If BP <140/ 90 consider reducing	
6 weeks follow up	GP/ pre pregnancy care team	GP	GP	Hospital cons clinic

POSTNATAL REVIEW

AT POSTNATAL REVIEW 6-8 weeks after birth
• Offer medical review • Offer specialist assessment if antihypertensives still needed • Rpt Plt, transaminases, creatinine if indicated • Carry out urine dipstick test • If proteinuria still ≥ 1+ offer further review at 3 months to assess kidney function – consider offering renal referral. • Give advice re: recurrence risks – see table below: • Advise women to maintain BMI 18.5-24.9 kg/m2

COUNSELLING FOR THE FUTURE

Future risks	Hypertensive disorder		
	Gestational	**Pre-eclampsia**	**Severe pre-eclampsia, HELLP syndrome or eclampsia**
Gestational Hypertension in future pregnancy	1 in 6 (16%) to 1 in 2 (47%)	1 in 8 (13%) to 1 in 2 (53%)	
Pre- eclampsia in future pregnancy	1 in 50 (2%) to 1 in 14 (7%)	1 in 6 (16%) No additional risk if < 10yrs yrs	If birth before 34wks: 1 in 4 (25%) If before 28wks: 1 in 2 (55%)
Cardiovascular disease	Increased risk of hypertension and it's complications		
End stage renal disease		If no proteinuria and no hypertension at 6-8 wks PN review, relative risk increased but absolute risk low. No follow up needed	
Thrombophilia		Routine screening not required	

Patient leaflet re pre –eclampsia can be downloaded from www.rcog.org.uk

TREATMENT OF POSTNATAL HYPERTENSION

Treatment of postnatal hypertension			
Drug	Dose	Contraindications	Side effects
Labetalol	100mg bd – 200mg QDS	Asthma, cardiac failure, bradycardia, 2nd and 3rd degree AV block	Postural hypotension, headache, urinary hesitancy, fatigue
Atenolol	25-100mg daily		
Nifedipine (SR)	10-40mg bd	Advanced aortic stenosis	Headache, tachycardia, palpitations, flushing
Amlodipine	5-10mg od	As nifedipine	As above but avoid / use with caution in breastfeeding as little safety data available
Enalapril	5-20mg bd	Avoid in AKI	Hypotension, cough, renal impairment
AKI = acute kidney injury; AV = atrioventricular; bd = twice daily; od = once daily; qds = four times daily; SR = sustained release			

References

1. NICE Hypertension in pregnancy Guideline (CG107)
2. Smith et al. Management of postpartum hypertension. The Obstetrician & Gynaecologist. 2013; 15:45-50.