POSTPARTUM HYPERTENSION, ADULT, INPATIENT

Updated: January 16, 2024

Clinical Algorithm:

Postpartum patient with:
- Known hypertensive disorder of pregnancy OR
- New elevated blood pressure (BP) OR
- Symptoms of preeclampsia

Clinical Assessment
- Complete accurate BP monitoring at least every 4 hours during admission.
- Monitor for symptoms of Preeclampsia.
- Check CBC, CMP, uric acid and catheterized urine protein creatinine ratio and additional relevant workup with new diagnosis, new severe features, or progression of disease.

Severe Hypertension or Severe features of Preeclampsia
- Initiate OB Hypertensive Emergency Orderset.
- Continue Magnesium Sulfate for 24 hours after delivery.
- Complete a 24 hour course of Magnesium Sulfate (utilize OB Magnesium for Seizure Prophylaxis orderset) for new or recurrent severe features.

Mild Hypertension

Antihypertensive Management
- Start Nifedipine XL 30 mg daily for 2 blood pressures greater than or equal to 140/90 or 1 BP greater than or equal to 150/100 in a 24 hour period.
- Increase Nifedipine XL to a maximum dose of 120mg daily to achieve BP less than 140/90 prior to adding a second agent.
- Decrease dose or hold antihypertensives for BP less than 115/65.

Discharge Criteria
- BP less than 140/90 for 24 hours prior to discharge.
- Resolution of severe features.
- Abnormal labs have normalized or continually trending toward normal.

Discharge Care
- Discharge with appropriately sized validated BP cuff.
- Set up MyChart BP flowsheet.
- Review return precautions.
- Arrange for follow up with 24-48 hours of discharge, telehealth if possible.

Outpatient Follow Up
- Start or titrate Nifedipine XL if needed to achieve BP less than 140/90.
- Check CBC, CMP, uric acid and catheterized urine protein creatinine ratio with worsening clinical status.
- Readmit for new or recurring severe features.
- Arrange additional follow-up if adjusting medications.
Clinical Pathway Summary

CLINICAL PATHWAY NAME: Postpartum Hypertension, Adult, Inpatient

PATIENT POPULATION AND DIAGNOSIS: Postpartum patients during delivery admission

APPLICABLE TO: Corewell Health West

IMPLEMENTATION DATE: January 16, 2024

LAST REVISED: January 16, 2024

Clinical Pathways Clinical Approach

TREATMENT AND MANAGEMENT:

Definitions:

Hypertensive disorder of pregnancy: Chronic hypertension OR gestational hypertension OR preeclampsia

Elevated blood pressure: BP greater than or equal to 140 systolic or 90 diastolic

Severe hypertension: BP greater than or equal to 160 systolic or 110 diastolic.

Mild hypertension: Systolic BP 140-159 or diastolic BP 90-109.

Symptoms of preeclampsia: Severe persistent RUQ or epigastric pain unresponsive to medications; new-onset headache unresponsive to medication and not accounted for by alternative diagnosis; visual disturbance.

Complete accurate blood pressure monitoring:

- Ensure the patient is sitting or in a semi-recumbent position with the back supported and arm at heart level. If BP must be taken in a recumbent position, place the patient in a left lateral decubitus position with cuff at the level of the right atrium.
- Patient needs to sit quietly for 5 minutes prior to measurement.
- Free the bare upper arm of any restrictive clothing.
- Patient’s feet should be flat, not dangling from examination table or bed, and legs uncrossed.
- Assess recent (within previous 30 minutes) consumption of caffeine or nicotine. If BP is at the level that requires treatment, the patient should be treated. Recent use of nicotine or caffeine should not lead to delays in initiating appropriate antihypertensive therapies.
- Support patient’s arm at heart level.
- Instruct the patient not to talk. Background noise and talking can affect BP accuracy.
- Use the highest reading obtained to determine next steps.
- If BP is ≥ 140/90 mm Hg, repeat within 15 minutes and if still elevated, further evaluation for preeclampsia is warranted.
- Do not reposition patient to either side to obtain a lower BP. Repositioning will give you a false reading.

Severe Features:

- Systolic BP 160 or higher or diastolic BP 110 or higher on 2 occasions at least 4 hours apart (unless antihypertensive therapy is initiated before this time)
- Platelet count less than 100k
- LFTs twice the upper limit of normal
- Severe RUQ or epigastric pain unresponsive to medications
- Creatinine greater than or equal to 1.1 or doubled from baseline
- Pulmonary edema
- New-onset headache unresponsive to medication and not accounted for by alternative diagnoses
- Visual disturbances

**Pathway Information**

**OWNERS:** Dr. Katherine O’Rourke, Dr. Kania McGhee

**CONTRIBUTOR(S):** Dr. Marcos Cordoba, Dr. Vivian Romero, Carey Groendal, Gretchen Chase-Rey, Katelin Anderson, PharmD

**CLINICAL PRACTICE COUNCIL (CPC):** Women’s Health

**CPC APPROVAL DATE:** January 16, 2024

**References**

- Arkerson, Brittany J. MD; Finneran, Matthew M. MD; Harris, Solita R. MD; Schnorr, Jessica MD; McElwee, Eliza R. MD; Demosthenes, Lauren MD; Sawyer, Renata MD. Remote Monitoring Compared With In-Office Surveillance of Blood Pressure in Patients With Pregnancy-Related Hypertension: A Randomized Controlled Trial. Obstetrics & Gynecology 142(4):p 855-861, October 2023


