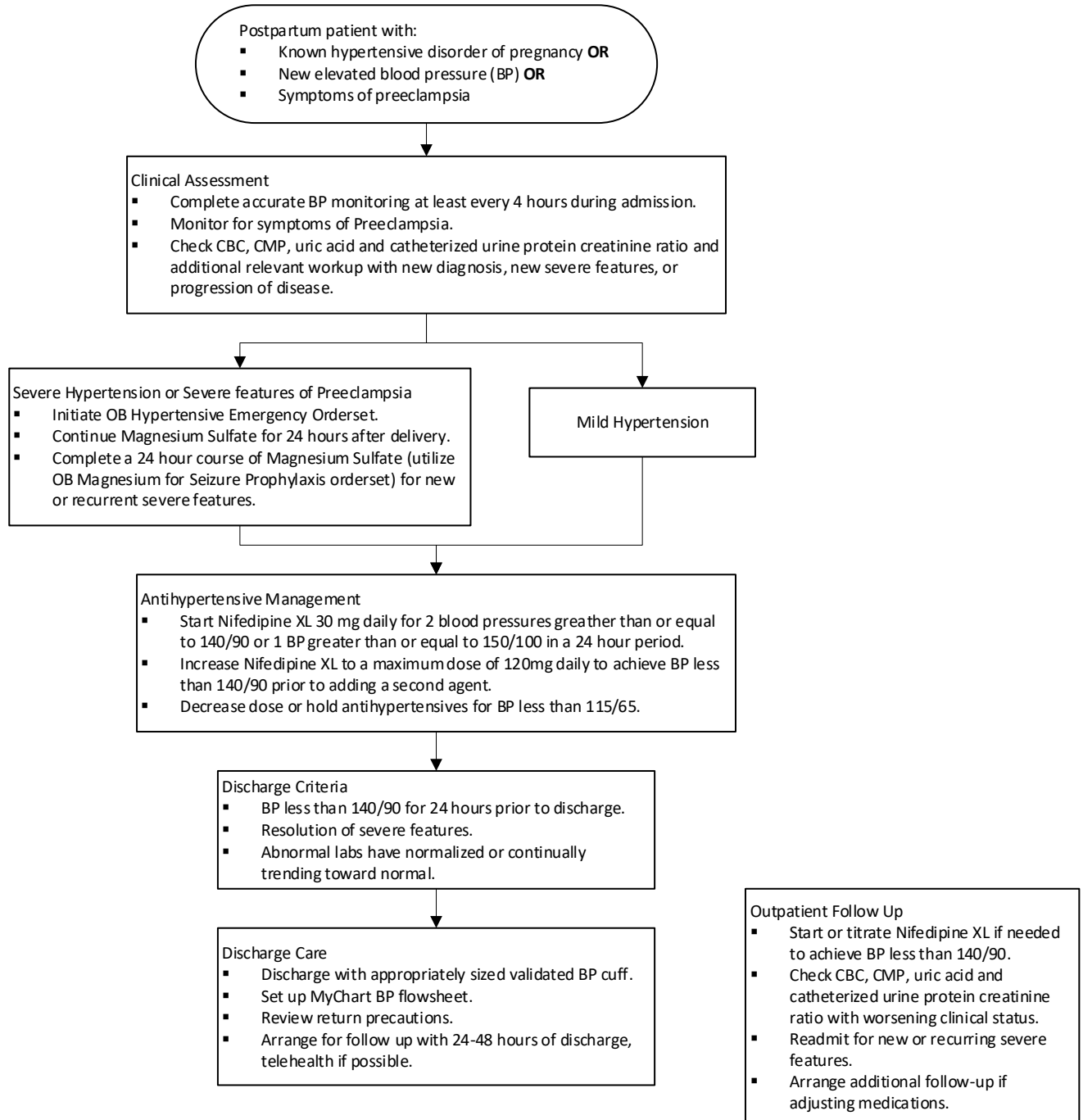


# POSTPARTUM HYPERTENSION, ADULT, INPATIENT

Updated: January 16, 2024

## Clinical Algorithm:



# 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  $\geq 140/90$  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

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

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

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