

Elevated Blood Pressure in Pregnancy & Up to 6 Weeks Postpartum – Urgent Care

General

- Elevated blood pressures in pregnancy can indicate severe disease and can result in both maternal and fetal morbidity and mortality. Elevated blood pressures after 20 weeks of gestation and up to six weeks postpartum require special attention and treatment.
- Vital signs of concern in a pregnant or postpartum patient:



SBP 140-159 or DBP 90-109 mm Hg with ANY of the following:

severe headache, blurred vision, or right upper quadrant or epigastric abdominal pain: Abnormal, possible preeclampsia

- Requires immediate transport



SBP \geq 160 or DBP \geq 110 mm Hg: Abnormal, preeclampsia with severe features even without other symptoms

- Requires treatment with **ANTI-HYPERTENSIVES** and immediate transport

- This is a time-critical disease. Develop a plan or local policy to provide treatment within 30-60 minutes.
- An elevated BP may be the only abnormal vital sign. Do not ignore asymptomatic high blood pressure! These patients should not be discharged home.
- Transport patient to facility with obstetric capabilities, if available, for further evaluation.
- These patients are at risk for seizures (eclampsia). Eclampsia can occur during pregnancy or up to 6 weeks postpartum.
- While nitroglycerin is widely available in the prehospital environment, there is no evidence to support use of nitroglycerin in reducing hypertension in a pregnant or postpartum patients.

Management While Awaiting Transport

- Be prepared to manage the patient's airway, provide supplemental oxygen for maternal oxygen saturation less than or equal to 94%, and assist with ventilation.
- Recheck BP every 15 minutes.



SBP \geq 160 or DBP \geq 110 mm Hg is persistent for 15 minutes:

- **ADMINISTER ANTI-HYPERTENSIVE AGENT**

- **Nifedipine (immediate release)*:**

- Initial dose: 10 mg orally (not sublingual). Re-assess BP in 20 minutes.
- If BP remains elevated (SBP \geq 160 or DBP \geq 110 mm Hg), give 20 mg every 20 minutes to a maximum daily dose of 180 mg.

Target BP: SBP 130-150 AND DBP 80-100 mm Hg;

- Once achieved, monitor BP every 10 minutes for 2 hours.

** This medication would be the next step, though it is recognized that many urgent care facilities do not currently have access to nifedipine. Urgent care facilities that have access to hospital pharmacy or robust pharmaceutical resources might consider stocking this medication in order to meet BP control timing goals.*



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