Urgent Care: Acute Hypertension in Pregnancy & Postpartum Algorithm

Ask the patient:

"Are you pregnant or have you been pregnant in the last 6 weeks?"

If yes, these symptoms may be related to pregnancy and can occur up to 6 weeks postpartum.

≥20 weeks pregnant **OR** ≤6 weeks postpartum

AND

SBP ≥ 140 or DBP ≥ 90 (with normal BP previously):

- Repeat BP in 15 minutes*
- If still SBP ≥ 140 or DBP ≥ 90
  - Assess for signs/symptoms ***(see Box 1)***
  - Consider obtaining labs ***(see Box 2)***

*If repeat BP is below SBP ≥ 140 or DBP ≥ 90, create plan for follow-up BP assessment and OB follow-up

NOTE: If at any time the SBP ≥ 160 or DBP ≥ 110, confirm in 15 minutes and then *proceed directly to "Preeclampsia with severe features" box* — do NOT wait to initiate therapy and transport immediately.

SBP 140-159 or DBP 90-109, +/- proteinuria

Gestational Hypertension or Preeclampsia

Management

- Arrange for transport
- Monitor BP while awaiting transport

- SBP ≥ 160 or DBP ≥ 110 ***(see NOTE below)***

  OR
- SBP 140–159 or DBP 90–109 plus **ANY** lab abnormalities or symptoms:
  - Persistent/severe RUQ or epigastric pain
  - New-onset headache unresponsive to medications and not otherwise explained
  - Visual disturbances
  - Pulmonary edema - Clinically may manifest as tachycardia, hypoxia, and crackles on auscultation
  - Thrombocytopenia (platelet count < 100,000 x 10^9L
  - Transaminases elevated to 2x upper limit of normal
  - Serum creatinine > 1.1 mg/dL or doubling of serum creatinine in absence of other renal disease

NOTE: SBP ≥ 160 or DBP ≥ 110 is considered a hypertensive emergency and constitutes preeclampsia with severe features regardless of symptoms or lab abnormalities — severe hypertension should be confirmed within 15 minutes to initiate antihypertensive therapy *(see Box 3)* and transport immediately

Preeclampsia with Severe Features

Management

- Arrange for transport
- Administer Nifedipine, if available ***(see Box 3)***
- Monitor BP while awaiting transport

Box 1

Potential Signs/Symptoms

- New-onset headache
- Visual disturbances
- RUQ or epigastric pain
- Shortness of breath; pulmonary edema
- Oliguria
- **If your pregnant or postpartum patient has hypertension and severe headache, consider STROKE.**

Box 2

Labs to Consider

- Urine dipstick with 2+ protein is concerning for the pathology we are screening for in this algorithm.

Box 3

Treatment Recommendations for SBP ≥ 160 or DBP ≥ 110 mm Hg

- Nifedipine (immediate release)*:
  - Initial dose: 10 mg orally (not sublingual). Re-assess BP in 20 minutes.
  - If BP remains elevated (SBP ≥ 160 or DBP ≥ 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 while awaiting transport.

*This medication would be the next step, though it is recognized that many urgent care facilities do not currently have access to it. 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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