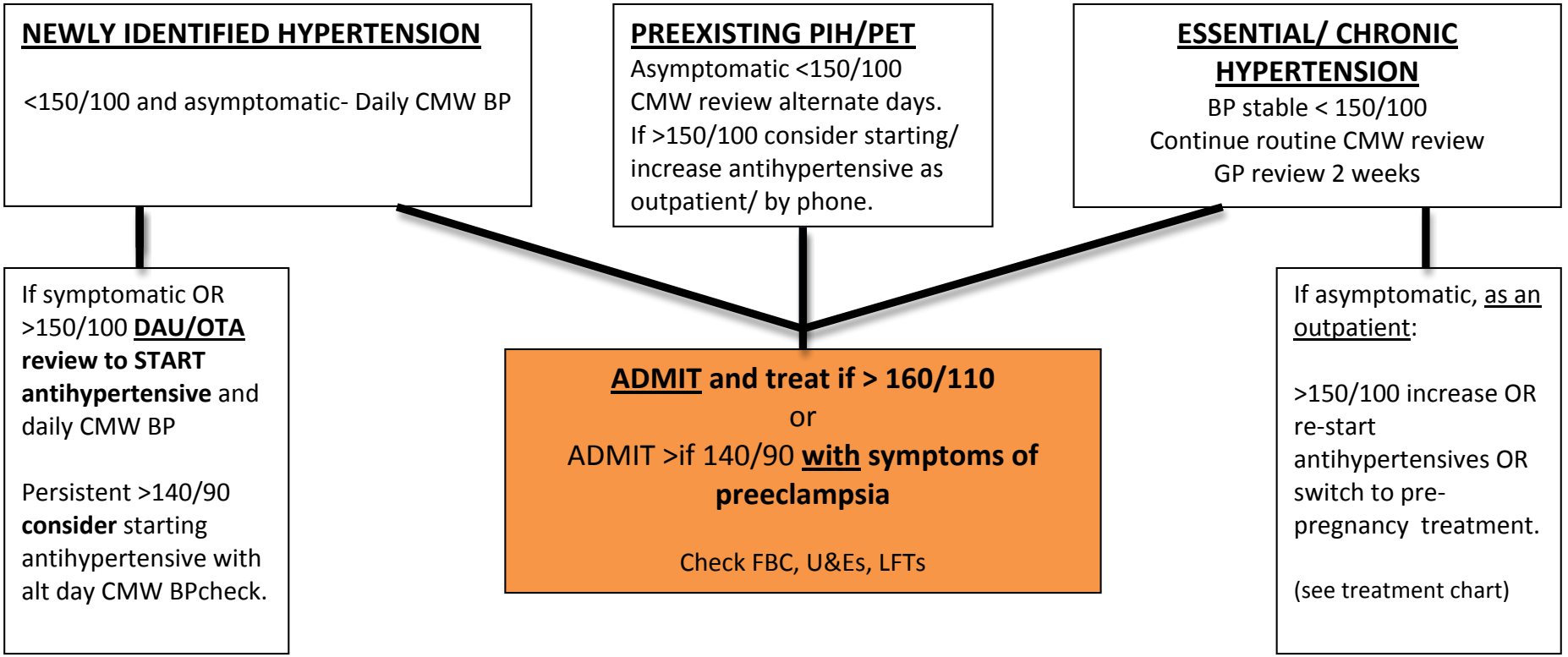
POSTNATAL HYPERTENSION

Initially BP usually falls immediately after delivery, rising to peak at 3-6days in both normotensive and hypertensive women.
There are many causes (see hypertension guideline) but most commonly unresolved PIH/ PET or underlying essential HT.
Prevention of maternal life threatening complications of severe hypertension (>160/110) is paramount.
Transient hypertension can occur in uncomplicated pregnancies. Pre-eclampsia can present postpartum.
PLEASE STOP METHYL-DOPA BY DAY 2 and prescribe an alternative if required (associated with postnatal depression).

MANAGEMENT WILL DIFFER BETWEEN THREE SCENARIOS BELOW



POSTNATAL BLOOD PRESSURE TARGETS

· BP >160/100 mmHg: Consider medical review by general practitioner / telephone advice by SR/ consultant or referral to DBA/DAU
· Sustained BP ≥ 150/100 mm Hg: start or increase antihypertensive drugs (as an outpatient if no other concerns)
· Sustained BP ≥140/90 mm Hg: consider starting antihypertensives to avoid delayed discharge or readmission

Antihypertensives for use post-partum: from Hypertension guideline appendix 4.

DRUG	DOSE	COMMENTS
β-blockers:		
Labetalol	100-600mg 2-3 times / day	Only small amounts in breastmilk
Atenolol	25-100mg once daily	Second line use for women who require once daily formulation
Calcium antagonists:		
Nifedipine MR (Adalat Retard ®)	10-20mg twice daily	Amount in breast mild too small to be harmful; manufacturer suggests avoid but widely used without reports of neonatal effect
Nifedipine (SR) (Adalat LA)	20-90mg once daily	Second line use for women who require once daily formulation
Ace Inhibitors:		
Enalapril	5-40mg once daily	Can be used in women who were previously taking an ACE inhibitor when other first choice agents cannot be used or cardiac/renal protection needed; excreted into breast milk in low concentrations but probably too small to be harmful
Contraindicated		
Other ACEInihibitors and ARBs	Not recommended	Minimal data on use during lactation; manufacturer suggest that it should be avoided
Diuretics	Not recommended	Produce excessive thirst in breastfeeding women; large doses may suppress lactation.
SR= sustained release; MR=modified release; ARBs =angiotensin II receptor blockers;		