

Postpartum Hypertension - Summary Clinical Guideline

Reference No.: PN/11:22/H1

Table 2

Women at risk of developing postnatal hypertension	
75%	Preterm delivery due to maternal hypertensive disease
	Hypertension requiring antenatal treatment
	Severe antenatal hypertension
	Antenatal PET
33%	

Drug	Dose	Contra-indications	Side effects include	Safe breast feeding
CHRONIC TREATMENT				
Nifedipine (SR)	10-40mg BD	Advanced Aortic Stenosis	Headaches Tachycardia Palpitations Flushing	✓
Atenolol	25-100mg OD	Asthma Bradycardia Heart block Cardiac failure	Postural hypotension Headache Fatigue Urinary hesitance	✓
Enalapril	5-20mg BD	AKI	Hypotension Cough Renal impairment	✓
Labetalol (if available)	100mg BD — 200mg QDS	As Atenolol	As Atenolol	✓
Nifedipine (MR) Only use once control established on Nifedipine SR	30-60mg OD			
ACUTE TREATMENT				
Labetalol	200mg oral 200mg IV 20 mins later RPTD 20 mins intervals as required	As above	As above	✓
Hydralazine	5-10mg IV (or IM) repeated if necessary	Severe tachycardia High output cardiac failure	Headache Anxiety Flushing Arrhythmias	✓
Nifedipine POST NATAL ONLY	10mg sublingual RPTD 20 mins intervals if required	Do not use icw MgSO4 (Cause profound hypotension)	As above	✓



