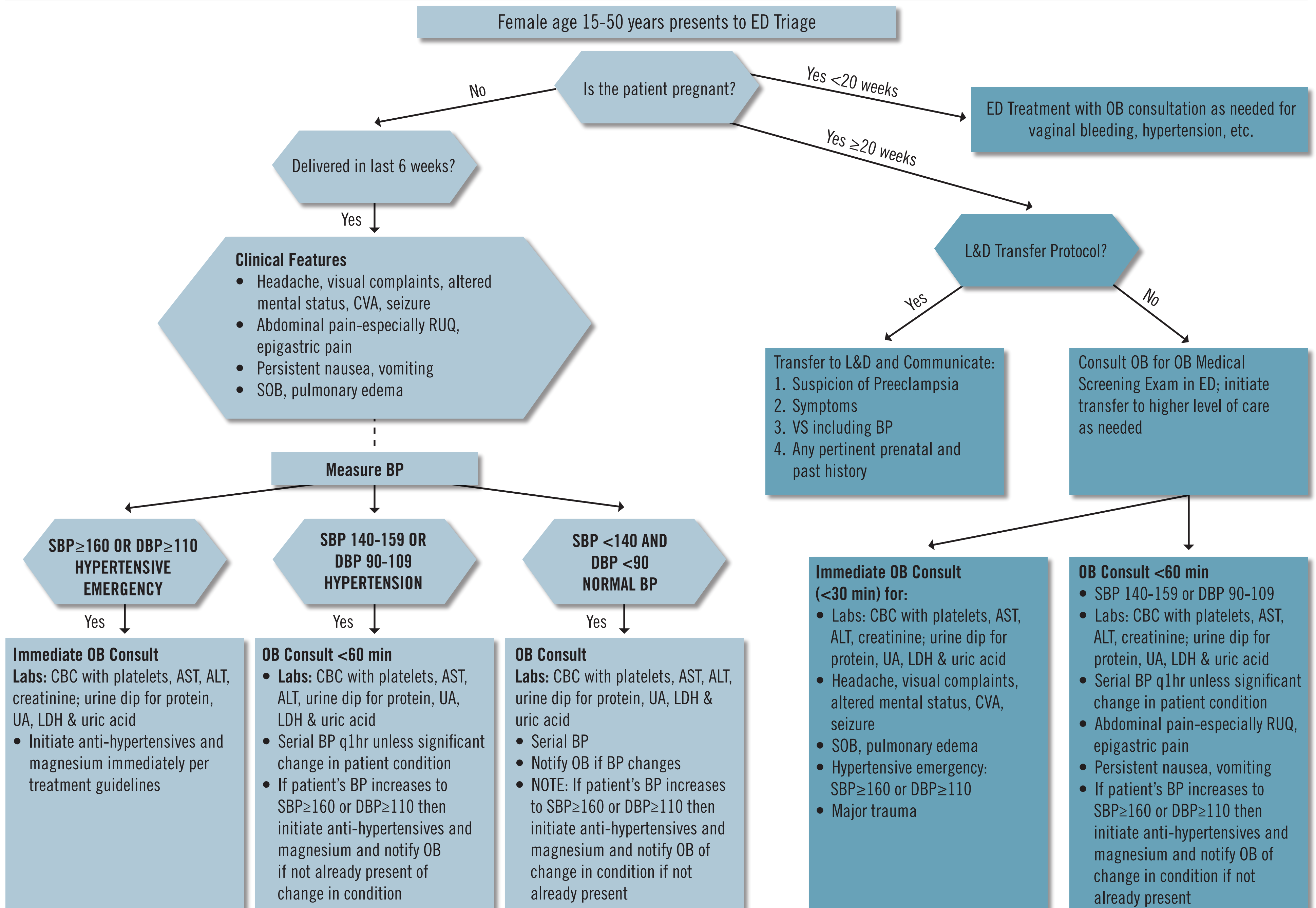
Evaluation and Diagnosis



Treatment

1st Line Anti-Hypertensive Treatment: Labetalol & Hydralazine*
Target BP: 140-160/90-100 (BP<140/90 = decreased fetal perfusion)

LABETALOL as Primary Anti-Hypertensive

1. Administer labetalol 20 mg IV over 2 min
2. Repeat BP in 10 min
   - If BP threshold is still exceeded, administer labetalol 40 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
3. Repeat BP in 10 min
   - If BP threshold is still exceeded, administer labetalol 80 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
4. Repeat BP in 10 min
   - If BP threshold is still exceeded, administer hydralazine 10 mg IV over 2 min
   - If SBP<160 and DBP<100, continue to monitor closely
5. Repeat BP in 20 min; if BP threshold is still exceeded, obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care
6. Once target BP achieved, monitor BP q10 min for 1 hour, q15 min for 2nd hour, q30 min for 3rd hour

HYDRALAZINE as Primary Anti-Hypertensive

1. Administer hydralazine 5 or 10 mg IV
2. Repeat BP in 20 min
   - If BP threshold is still exceeded, administer hydralazine 10 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
3. Repeat BP in 20 min
   - If BP threshold is still exceeded, administer labetalol 20 mg IV
   - If SBP<160 and DBP<100, continue to monitor closely
4. Repeat BP in 10 min
   - If BP threshold is still exceeded, administer labetalol 40 mg IV and obtain emergent consultation from maternal-fetal medicine, internal medicine, anesthesiology, or critical care
   - If SBP<160 and DBP<100, continue to monitor closely
5. Once target BP achieved, monitor BP q10 min for 1 hour, q15 min for 2nd hour, q30 min for 3rd hour

Magnesium

Initial Treatment

1. Loading Dose: 4-6 gm over 15-20 min
2. Maintenance 1-2 gm/hour
3. Close observation for signs of toxicity
   - Disappearance of deep tendon reflexes
   - Decreased RR, shallow respirations, shortness of breath
   - Heart block, chest pain
   - Pulmonary edema

If Patient Seizes While on Magnesium:

1. Secure airway and maintain oxygenation
2. Give 2nd loading dose of 2 gm magnesium over 5 min
3. If patient seizes after 2nd magnesium bolus, consider one of the following:
   - Midazolam 1-2 mg IV; may repeat in 5-10 min
   - Lorazepam 2 mg IV; may repeat
   - Diazepam 5-10 mg IV; may repeat q15 min to max of 30 mg
   - Phenytoin 1g IV over 20 min

Seizures Resolve

1. Maintain airway and oxygenation
2. Monitor VS, cardiac rhythm/ECG for signs of medication toxicity
3. Consider brain imaging for:
   - Head trauma
   - Focal seizure
   - Focal neurologic findings
   - Other neurologic diagnosis is suspected

*Labetalol and Hydralazine recommendations based on 2011 ACOG Committee Opinion #514 and Practice Bulletin #33, reaffirmed 2012, and New York State Department of Health Hypertensive Disorders in Pregnancy Guidelines (2013).

NEW YORK state department of HEALTH

New York State nyspQc Perinatal Quality Collaborative

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