Post-discharge Evaluation:

Elevated Blood Pressure

At home, in office, in triage

Postpartum Triggers:
1. SBP ≥ 160 or DBP ≥ 110 or
2. SBP ≥ 140-159 or DBP ≥ 90-109 with any of the following:
   - unremitting headaches
   - visual disturbances
   - epigastric/RUQ pain

Emergency Department Treatment
(with OB/MICU consultation as needed);

Antihypertensive therapy is suggested for women with persistent postpartum hypertension, SBP ≥ 150 or DBP ≥ 100 on at least two occasions that are at least 4 hours apart.

Persistent SBP ≥ 160 or DBP ≥ 110 should be treated within 1 hour.

Good response to antihypertensive treatment and asymptomatic

Admit for further observation and management
(e.g., L&D, ICU, unit with telemetry)

Signs and symptoms of eclampsia,
abnormal neurological evaluation,
congestive heart failure, renal failure,
coagulopathy, poor response to antihypertensive treatment

Recommend emergency consultation for further evaluation with a specialist
(e.g., MFM, internal medicine, OB anesthesiology, critical care)

Safe Motherhood Initiative

ACOG
The American Congress of Obstetricians and Gynecologists
District I