Hypertension in pregnancy: follow-up care and postnatal review

Antihypertensive treatment in all women

- If methyldopa used to treat hypertension, stop within 2 days after birth and change to an alternative treatment.
- Continue (or start if necessary) antihypertensive treatment.
- Aim to keep BP under 140/90 mmHg.
- Measure BP:
  - pre-eclampsia: at least 4 times a day while an inpatient
  - chronic or gestational hypertension: daily for the first 2 days after birth
  - all women: at least once 3 to 5 days after birth.

In women with pre-eclampsia

- Ask the woman about severe headache and epigastric pain each time BP measured.
- If mild or moderate pre-eclampsia or after stepdown from critical care, measure platelet count, transaminases and serum creatinine 48 to 72 hours after birth or stepdown. Repeat as clinically indicated.
- Do not repeat if results normal.
- Offer transfer to community midwifery care if BP under 150/100 mmHg, blood test results stable or improving, and no symptoms of pre-eclampsia.

Follow-up for all women

- Agree a care plan with the woman that includes:
  - who will provide follow-up care, including medical review if needed
  - frequency of BP monitoring
  - thresholds for reducing or stopping treatment
  - indications for referral to primary care for BP review
  - self-monitoring for symptoms.
- Offer a medical review 2 weeks after transfer to community care if antihypertensive treatment is to be continued.
- Offer a medical review at 6–8 week postnatal review with their GP or specialist.

In women with pre-eclampsia

- If biochemical and haematological indices improving but within abnormal range, or not improving relative to pregnancy ranges, repeat platelet count, transaminases and serum creatinine measurements as clinically indicated.
- Carry out urine dipstick test 6 to 8 weeks after birth.
- If proteinuria still 1+ or more: offer further review at 3 months to assess kidney function, and if abnormal consider offering referral for specialist kidney assessment.

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This is a summary of advice on follow-up care and postnatal review from the NICE guideline on hypertension in pregnancy.