



Drug doses for oral treatment of hypertension in pregnancy

Drug	Class	Initial dose	Usual effective dose range	Maximum suggested total daily dose	Comments
Labetalol	Combined alpha and beta blocker	100 mg 2 times daily, increase by 100 mg twice daily every 2 to 3 days as needed	200 to 800 mg in 2 divided doses	2400 mg	Can cause bronchoconstriction. Avoid in patients with asthma, chronic obstructive lung disease, heart failure, bradycardia (heart rate <60 beats per minute), or greater than first-degree heart block. The dosing interval can be increased to 3 times daily if blood pressure is increased prior to the next prescribed dose.
Hydralazine NOTE: Due to reflex tachycardia, monotherapy with oral hydralazine is not recommended; hydralazine may be combined with	Peripheral vasodilator	Begin with 10 mg 4 times per day, increase by 10 to 25 mg/dose every 2 to 5 days	50 to 100 mg in 2 to 4 divided doses	200 mg*	

methyldopa or labetalol if needed as add-on therapy					
Nifedipine extended release (ER)¶	Calcium channel blocker	30 to 60 mg once daily as an extended release tablet, increase at 7 to 14 day intervals	30 to 90 mg once daily	120 mg	Do not administer sublingually. Based upon clinical experience of UpToDate contributors, some patients better tolerate nifedipine ER administered in 2 divided doses, which may serve to minimize its peak to trough effects (eg, instead of increasing the dose to 60 mg once daily, it may be desirable in some patients to increase to 30 mg 2 times daily).
Methyldopa	Centrally acting alpha agonist	250 mg 2 to 3 times daily, increase every 2 days as neededΔ	250 to 1000 mg in 2 to 3 divided doses	3000 mg	Sedation is a common side effect.

* Chronic hydralazine doses above 100 mg daily are associated with an increased risk for developing lupus erythematosus, particularly in females and slow acetylators; ascertainment of acetylator status is recommended before increasing dose above 100 mg per day in many countries.

¶ UpToDate suggests not using immediate-release nifedipine (oral or sublingual) because it can cause significant rapid decreases in blood pressure. If used, the dose is 10 to 20 mg every 2 to 6 hours, with a maximum daily dose of 180 mg.

Δ The full hypotensive effect of an initial dose or adjustment of methyldopa may not occur until after 2 to 3 days of continuous use.

Adapted from:

1. Seely EW, Ecker J. *Chronic hypertension in pregnancy. N Engl J Med* 2011; 365:439.
 2. Magee LA. *Treating hypertension in women of child-bearing age and during pregnancy. Drug Saf* 2001; 24:457.
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