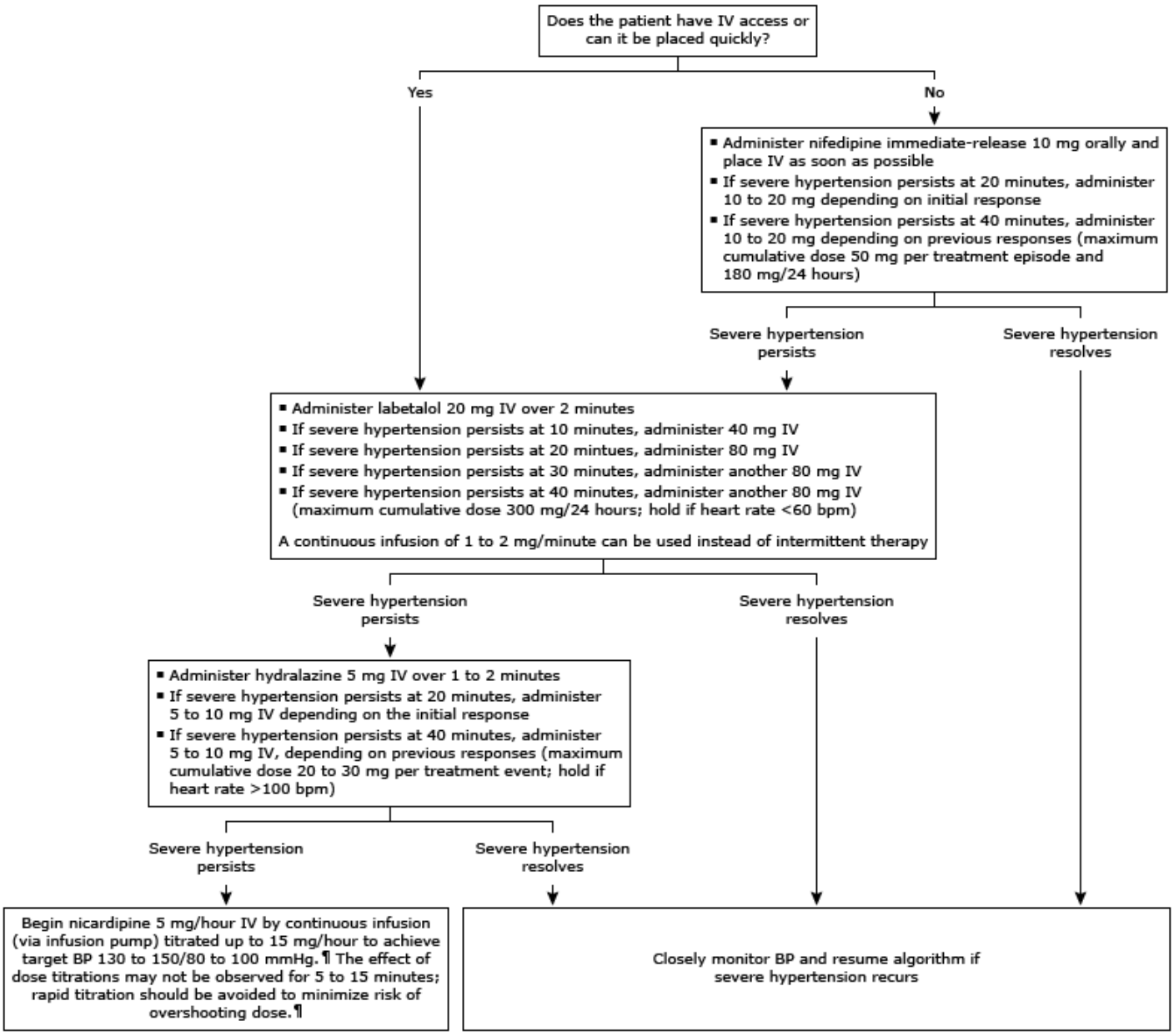
Management of inpatient pregnant people with acute severe hypertension due to preeclampsia (systolic blood pressure ≥160 mmHg and/or diastolic blood pressure ≥110 mmHg)*



Mean arterial pressure should not be reduced by more than 25% over two hours, systolic blood pressure should not be reduced below 130 mmHg, and diastolic blood pressure should not be reduced below 80 mmHg. Blood pressures in the range of 130 to 150/80 to 100 mmHg are ideal. During treatment, heart rate and blood pressure should be monitored closely. If delivery will not occur for days to weeks, maintenance

therapy can be initiated, if required, with oral antihypertensive drugs. Refer to UpToDate content for additional information on treatment of hypertension in pregnancy.

IV: intravenous; bpm: beats per minute; BP: blood pressure; mmHg: millimeters of mercury.

* Severe hypertension should be confirmed with a second BP reading within 15 minutes to facilitate initiation of antihypertensive therapy.

¶ The American College of Obstetricians and Gynecologists (ACOG) considers use of intravenous hydralazine, intravenous labetalol, and oral nifedipine similarly effective and safe. Dosing is slightly different from the doses in the algorithm. ACOG guidance does not describe use of nicardipine or reserve immediate-release nifedipine for patients without intravenous access.

Graphic 134292 Version 3.0