

POSTPARTUM MANAGEMENT OF HYPERTENSION AND FUTURE RISK

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POSTPARTUM HYPERTENSION

- Best blood pressure: At rest
- Be aggressive
- Follow up in 4-7 days

BREASTFEEDING

- Calcium channel blockers (nifedipine, amlodipine)
- Beta blockers (labetalol)
- Methyldopa, clonidine
- HCTZ
- Furosemide
- ACE inhibitors & ARBs -- NO

LIFESTYLE MODIFICATION

- Weight loss if overweight
- Diet
- Salt restriction
- Physical activity
- Alcohol moderation

PREECLAMPSIA

- Chronic hypertension
- Renal disease
- ? CV

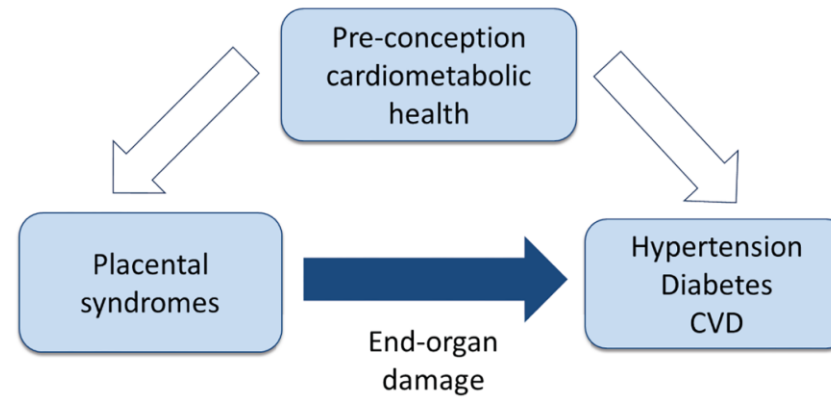
Placental Syndrome

- Gestational HTN
- Preeclampsia
- Fetal growth restriction

- Placental syndromes complicate 10–15% of pregnancies and are a leading cause of maternal and child morbidity
- Self limited BUT associated with an increased risk of CVD later in life

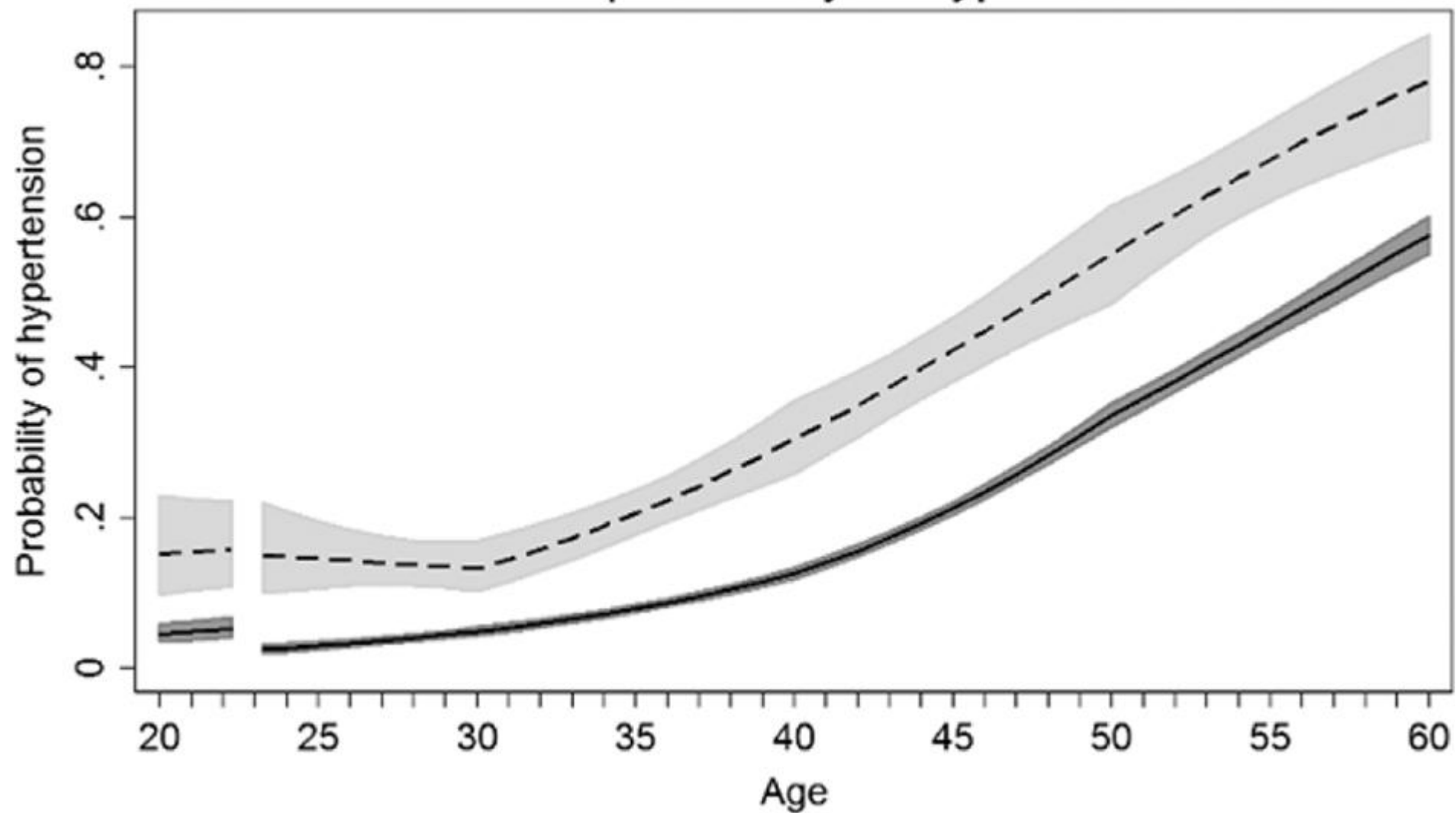
- PE: 4 fold HTN, 2 fold IHD and CVA; earlier development, higher risk
- GHTN and FGR similar

Figure 1



Placental syndromes and maternal cardiovascular health

Predicted probability of hypertension



From: [Placental syndromes and long-term risk of hypertension](#)

SUGGESTIONS

- Yearly exam
- Blood pressure
- Lipid profile (fasting)
- Diabetes screening
(FBS vs A1C)
- Normal BMI
- Exercise

BP Definitions

- Normal (less than 120 mm Hg systolic and less than 80 mm Hg diastolic)
- Elevated (120 to 129 mm Hg systolic and less than 80 mm Hg diastolic)
- Stage 1 hypertension (130 to 139 mm Hg systolic or 80 to 89 mm Hg diastolic)
- Stage 2 hypertension (at least 140 mm Hg systolic or at least 90 mm Hg diastolic)

- Highest value defines category

- Errors in BP measurement avoided by having patient sit quietly for five minutes before reading taken
- Support the limb used to measure BP, ensuring BP cuff is at heart level, using the correct cuff size, and deflating the cuff slowly
- Single reading is inadequate for clinical decision making. Use average of two or three measurements taken on two or more separate occasions-- minimizes random error
- Out-of-office BP measurement (HBPM) in conjunction with telehealth counseling or clinical interventions is recommended to confirm the diagnosis of hypertension

Key Points for Practice: Nonpregnant

- Accurate measurement of blood pressure is essential to categorize blood pressure, stratify cardiovascular risk, and guide management.
- A **target** blood pressure of *less than 130/80 mm Hg* is recommended for adults with confirmed hypertension and cardiovascular disease, or a 10-year atherosclerotic cardiovascular disease risk of 10% or more.
- Adults with elevated blood pressure or stage 1 hypertension whose estimated 10-year risk of atherosclerotic cardiovascular disease is less than 10% should be treated with nonpharmacologic interventions.

- Medication is recommended for primary prevention in adults with an estimated 10-year risk of atherosclerotic CVD of 10% or more and an average BP of 130 mm Hg or greater systolic or 80 mm Hg or greater diastolic. (A risk calculator is available at <http://tools.acc.org/ASCVD-Risk-Estimator-Plus>.)