

Severe Hypertension in Pregnancy Checklist

TRIGGER FOR INITIATING THIS CHECKLIST IS A SBP \geq 160 OR DBP \geq 110

- Initiate magnesium sulfate for seizure prophylaxis (if not already initiated)
- Load 4-6 grams 10% magnesium sulfate in 100 ml solution IV over 20 minutes
- Magnesium sulfate on infusion pump
- Magnesium sulfate and pump labeled
- Magnesium sulfate 10 grams of 50% solution IM (5 grams in each buttock) if no IV access
- Magnesium sulfate maintenance 1-2 grams/hour continuous infusion

Contraindications: pulmonary edema, renal failure, myasthenia gravis

ANTIHYPERTENSIVE MEDICATIONS

- **Labetalol** (20, 40, 80, 80 mg IV* over 2 minutes, escalating doses, repeat every 10 minutes or 200 mg orally if no IV access); avoid in asthma or heart failure, can cause neonatal bradycardia
- **Hydralazine** (5-10 mg IV* over 2 minutes, repeat in 20 minutes until target blood pressure is reached)
- Repeat blood pressure every 10 minutes during administration

* Maximum cumulative IV administered doses should not exceed 25 mg hydralazine; 220 mg labetalol in 24 hours.

If first line agents are unsuccessful, recommend emergency consultation with a specialist (e.g., MFM, internal medicine, OB anesthesiology, critical care) for second line management decisions

ANTICONVULSANT MEDICATIONS

(for recurrent seizures or when magnesium is contraindicated):

- **Lorazepam** (2-4 mg IV x 1, may repeat x 1 after 10-15 minutes)
- **Diazepam** (5-10 mg IV every 5-10 minutes to maximum dose of 30 mg)
- **Phenytoin** (15-20 mg/kg IV x 1, may repeat 10 mg/kg IV after 20 minutes if no response); avoid with hypotension, may cause cardiac arrhythmias
- **Keppra** (500 mg IV or orally, may repeat in 12 hours); dose adjustment needed if renal impairment

- Antenatal corticosteroids (if <34 weeks of gestation)
- Re-address VTE prophylaxis requirement
- Plan brain imaging studies if:
 - unremitting headache
 - focal signs and symptoms
 - uncontrolled high blood pressure
 - lethargy
 - confusion
 - seizures
 - abnormal neurologic examination

POSTPARTUM

- **Antihypertensive therapy** is suggested for women with persistent postpartum hypertension, SBP of 150 mm Hg or DBP of 100 mm or higher on at least two occasions that are at least 4 hours apart. Persistent SBP of 160 mm Hg or DBP of 110 mm Hg or higher should be treated within 1 hour.
- **Blood pressure monitoring** is recommended 72 hours after delivery and/or outpatient surveillance (e.g., visiting nurse evaluation) within 3 days and again 7-10 days after delivery or earlier if persistent symptoms.