

HYPERTENSION and SEIZURES in PREGNANCY and POST-PARTUM PERIODS*

Inclusion:

- Sustained SBP ≥ 160 mm Hg or DBP ≥ 110 mm Hg in any woman with:
 - Confirmed pregnancy¹
 - or
 - or up to 6 weeks postpartum²

NOTE: It is recommended to recheck the SBP and DBP to ensure that the initial reading was not spurious nor transient ---- but the overriding concept is to treat as soon as possible (and hopefully within 5 - 10 minutes of the initial reading)

Relative Exclusions:

- trauma patients with suspected risk for potential uncontrolled hemorrhage
- heart rate <60 beats per minute
- heart block on electrocardiograph (EKG)
- active asthma
- congestive heart failure (CHF)

PROTOCOL

Sustained Hypertension

If the patient meets the SBP or DBP criteria, administer **labetalol**, either IV or IO, every 10 minutes as needed to achieve goal of SBP <140 and/or DBP <90:

- Initial dose: 20 mg IV / IO slow **push** over 2 minutes
- Second dose: 40 mg IV /IO slow **push** over 2 minutes
- Third: 40 mg IV / IO slow **push** over 2 minutes

Seizures or Seizure Prevention

- Check **serum glucose** and examine for any lateralizing signs and manage accordingly
- Provide **magnesium sulfate** 4 grams IV or IO in 100 mL NS over 10 minutes
- If no IV/IO access, administer magnesium sulfate 2 grams IM while obtaining IV/IO access. Then, administer the remaining 2 grams IV/IO
- For seizure refractory to magnesium sulfate or pre-existing history of seizure, treat with magnesium sulfate and per seizure protocol 4.7.

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Obstet Gynecol 2019 Feb;133(2):e174-e180. doi: 10.1097/AOG.0000000000003075.
ACOG Committee Opinion No. 767: Emergent Therapy for Acute-Onset, Severe Hypertension During Pregnancy and the Postpartum Period

¹consider any gestastational age, but typically most applicable to those ≥ 20 weeks

²some may consider including even longer post-partum periods (e.g., 3 months or more)
