

Postnatal management of hypertensive disorders of pregnancy

A Oyewo , O Osinibi, A Richardson G Guy

BACKGROUND

- Hypertensive disorders of pregnancy (HDP) affect up to 10% of pregnancies
- It represent an increased risk of both neonatal and maternal outcomes
- Significant maternal complications include eclampsia and stroke
- HDP include chronic hypertension pregnancy induced hypertension and pre eclampsia
- Risk of recurrence in future pregnancies is 1in 5
- Maternal risks include long term cardiovascular disease and future chronic hypertension
- Fetal risks include growth restriction

Classification of HDP	Parameters
Mild:	SBP of 140-149 mmHg and/or DBP of 90-99 mmHg
Moderate:	SBP of 150-159 mmHg and/or DBP of 100-109 mmHg
Severe:	Severe HDP is classified by presence of one or more of the following features: • - SBP of ≥ 160 mm Hg and/or DBP of ≥ 110 mm Hg • - Hypertension with serum creatinine of >90 mol/L • - Hypertension with serum serum ALT >32 IU/L • - Hypertension with platelet count of $<100 \times 10^9/L$

RESULTS

- We identified 108 women, who delivered in our unit within the study period, and had a diagnosis of a hypertensive disorder of pregnancy at the time of delivery;
- This was 3% of our patient population over the period.
- 75 women were medicated in the postpartum period
- 60 women were discharged on a single agent – 48 women were on β -blocker only, 11 women were on calcium channel blockers.
- In keeping with NICE guidelines - all women on Methyldopa in the antenatal period were switched to other anti-hypertensive agents within 48hrs of delivery.
- 11 women were prescribed a CCB only and 1 woman was discharged on an angiotensin receptor blocker (ARB)
- 14 women were discharged on dual therapy
- 13 women re-attended hospital with hypertension following discharge after delivery with 1 woman presenting on 2 separate occasions with poorly controlled hypertension.
- Women were more than twice as likely to represent back to hospital if they had essential hypertension compared to if they had pre-eclampsia. 50% of the repeat presentations with hypertension occurred over 1 week post-delivery.

AIM

- To evaluate our current prescribing practices in the postpartum management of HDP in our unit in comparison to NICE guidelines

METHODS

- Retrospective review from the maternity records of women that delivered in our unit between 01/01/22- 31/08/22.
- To be included all women had to have a diagnosis of HDP at the time of delivery.
- A combination of patient electronic notes, inpatient physical notes and discharge summaries were used to collect data

Figure 1. Distribution of HDP amongst our population

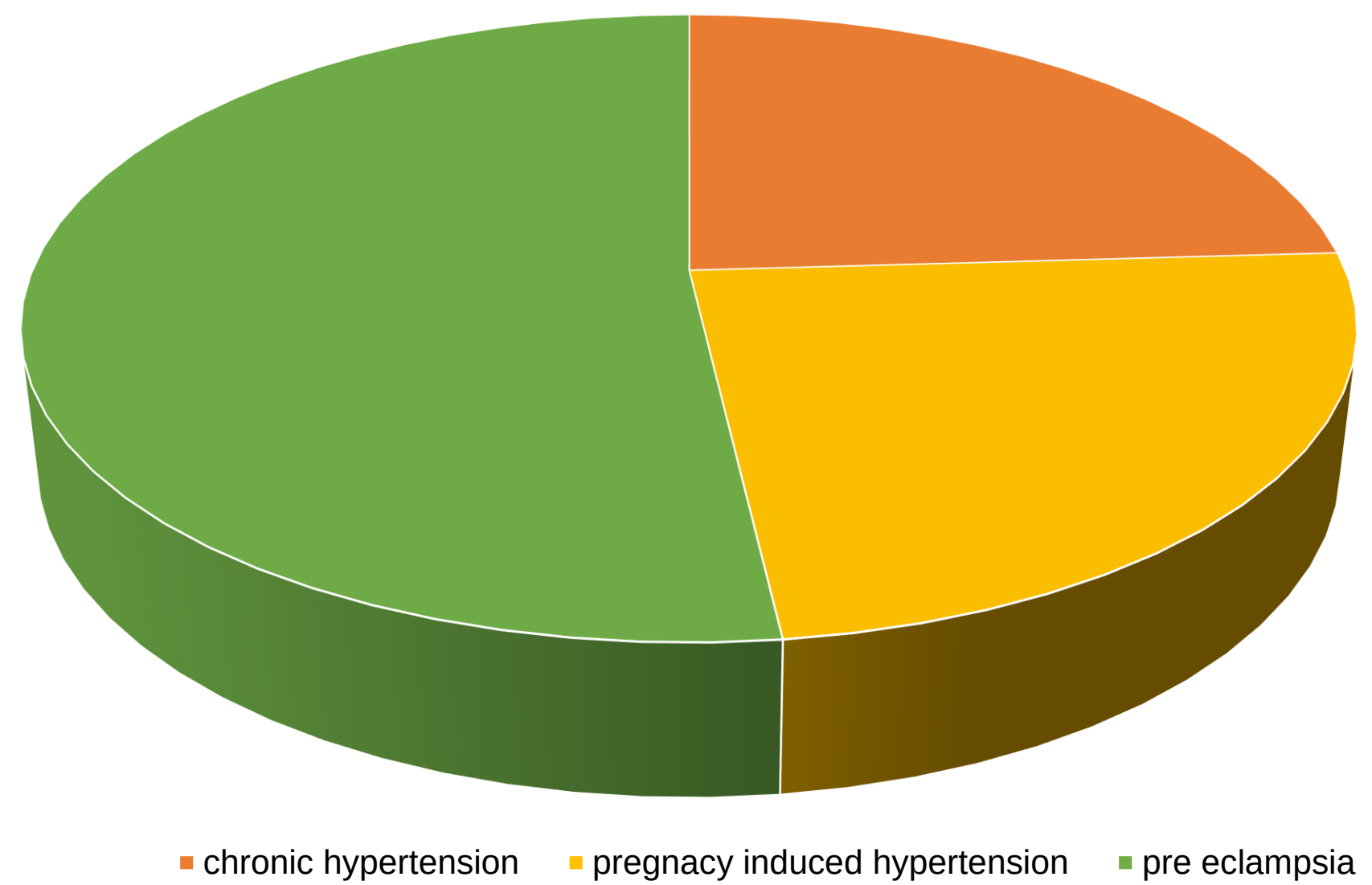
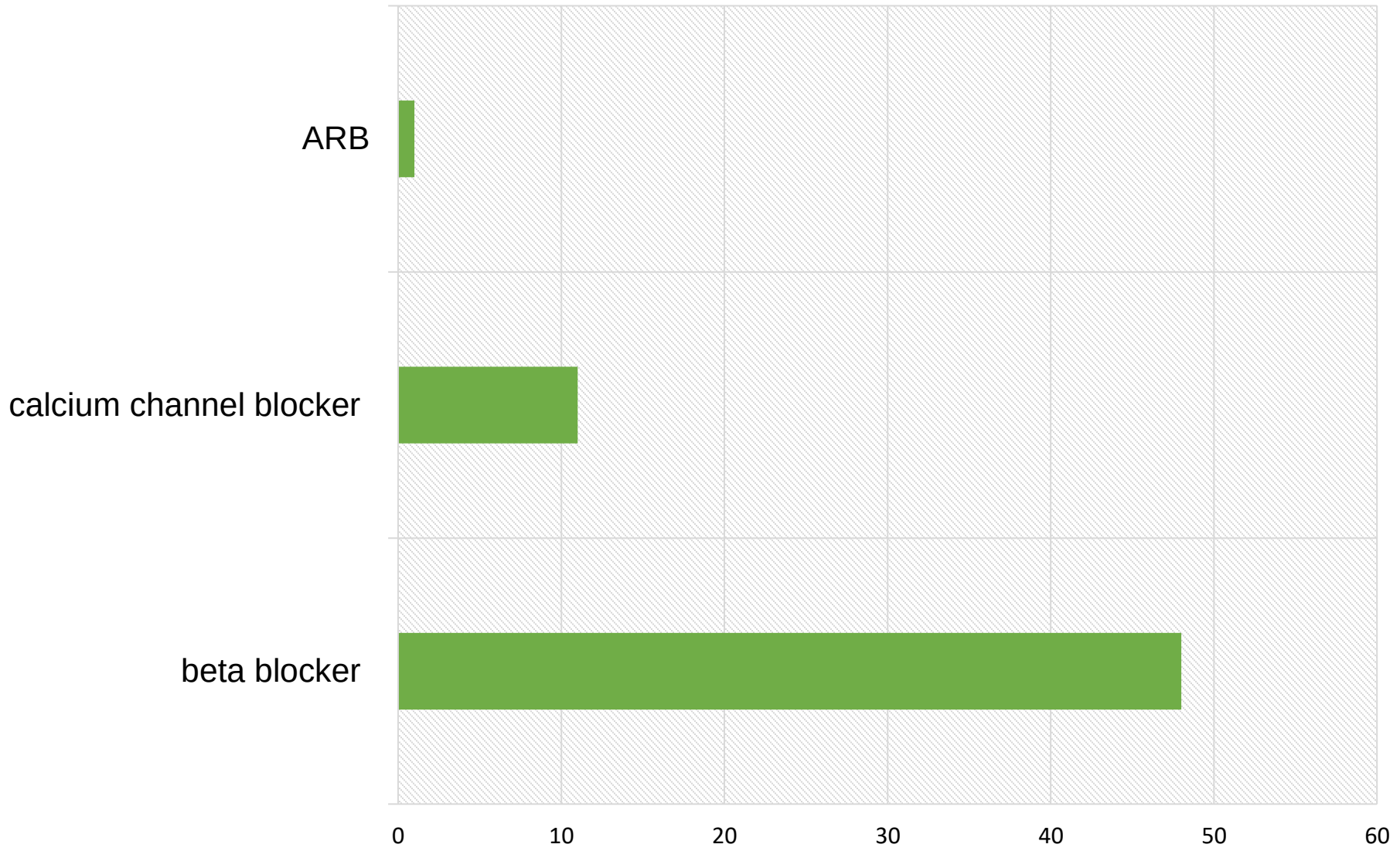


Figure 2. Choice of single agent prescriptions



CONCLUSION

Our audit identified variations in the postnatal management of hypertension within our unit with 12% of our cohort re-attending hospital with hypertension following discharge.

