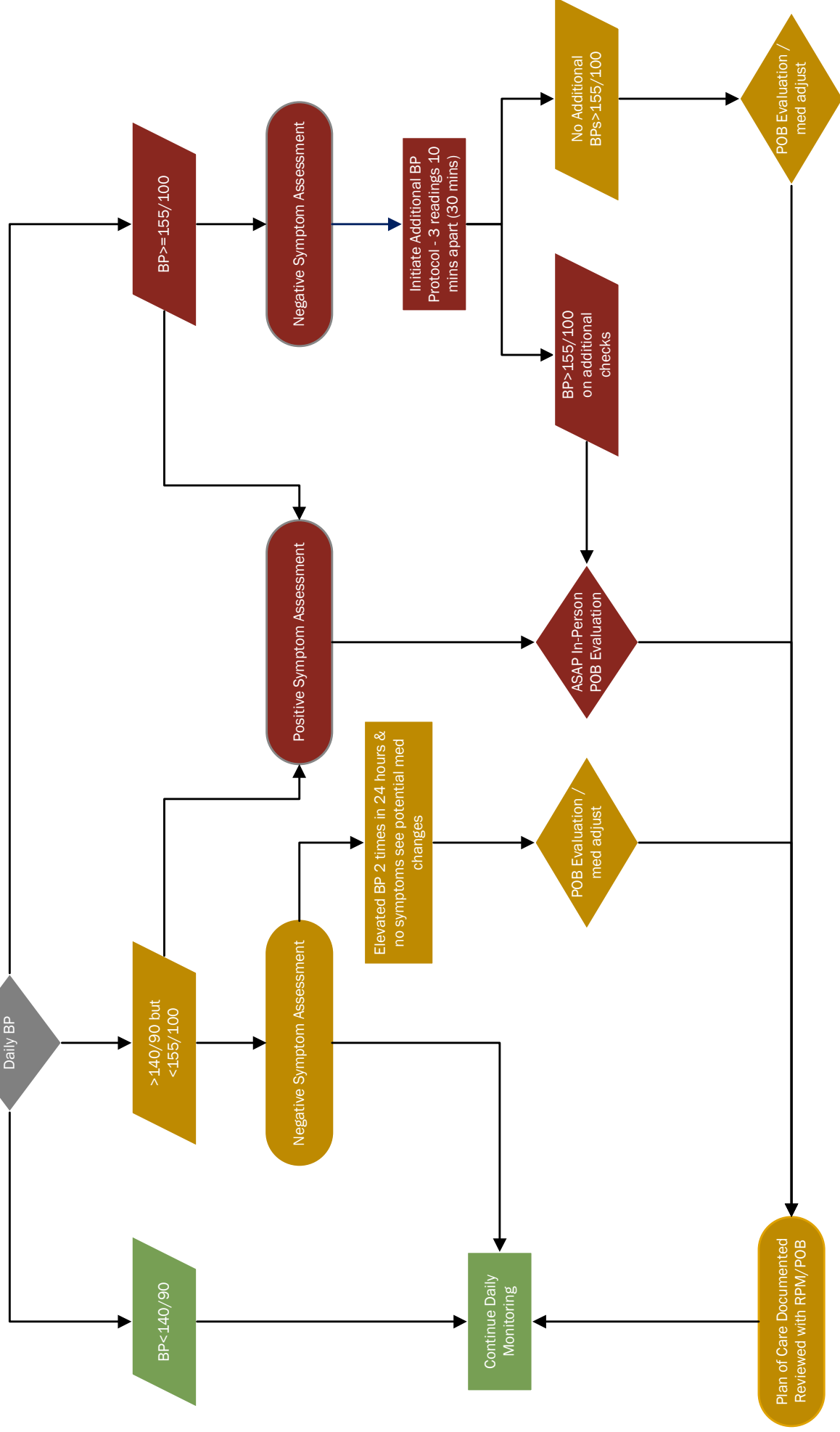


# Blood Pressure Monitoring Pathway

Postpartum Decision Tree

- Primary OB Eval  
 1. CBC, CMP, Urine P/C ratio  
 2. +/- In-Person Visit  
 3. Med Adjustment



Note: If the patient was administered mag sulfate, the care team might adjust meds without readmitting patient

# Chronic Hypertension Management Rubric

All Patients: Tests for Baseline Evaluation for Chronic Hypertension in Pregnancy

- Serum aspartate aminotransferase and alanine aminotransferase
- Serum creatinine
- Serum electrolytes (specifically potassium)
- Blood urea nitrogen
- Complete blood count
- Spot urine protein/creatinine ratio or 24-hour urine for total protein and creatinine (to calculate creatinine clearance) as appropriate
- Electrocardiogram or echocardiogram as appropriate

| Medication                    | Start        | 1 <sup>st</sup> Increase      | 2 <sup>nd</sup> Increase | 3 <sup>rd</sup> Increase | 4 <sup>th</sup> Increase        | Max Dose     |
|-------------------------------|--------------|-------------------------------|--------------------------|--------------------------|---------------------------------|--------------|
| Procardia XL                  | 30mg po qam  | 30mg po bid                   | 60mg qam and<br>30mg qpm | 60mg po bid              | If need more go to<br>Labetolol | 120mg daily  |
| Labetolol                     | 100mg po bid | Increase by 100-<br>200mg bid | Same                     | Same                     | Same                            | 2400mg daily |
| Aldomet (second<br>line med)  | 500mg po bid | Increase by<br>250mg bid      | Same                     | Same                     | Same                            | 3000mg daily |
| Hydrochlorothiazide<br>(HCTZ) | 12.5mg po    | Increase by<br>12.5mg         | Same                     | Same                     | Same                            | 50mg daily   |