VALLEY MEDICAL GROUP

Prevention & Medical Care To Help You Live Better, Longer.

Clinical Champion Update

Date: 10/18/23 Subject: Hypertension

BLOOD PRESSURE CONTROL IN REPRODUCTIVE AGE PATIENTS/PREGNANCY

- Preferred medications in pregnant patients:
  - Labetalol - reduces headache frequency
  - Extended release Nifedipine - may cause headache
  - Methyldopa
  - If 2 drugs are needed, it is okay to use both labetalol and nifedipine.
    You may also use nifedipine with a diuretic in salt-sensitive HTN.
  - It is best to use these medications before they conceive, to reduce the theoretic or known teratogenic effects in early pregnancy.
  - If a patient is already on an anti-HTN drug regimen, you may switch when you have a positive pregnancy test.
- AVOID ACEi, ARBs - should not be used in the 2nd or 3rd trimester because it interferes with fetal renal hemodynamics. If the patient is of childbearing age and prefers to use this, you should have effective contraception.
- AVOID MRA (mineralocorticoid receptor antagonists - spironolactone, eplerenone) - limited safety information
- If on amlodipine as current regimen - switch to intermediate acting or ER nifedipine. They respond equally well.
- If on carvedilol - switch to labetalol (more reassuring pregnancy data available, even if they both had alpha blocking activity)
- AVOID atenolol - associated with growth restriction
  Metoprolol is widely used in pregnancy and not shown to have growth restriction, but labetalol is still the preferred BB in pregnancy.

- If currently on Thiazide or thiazide-like diuretics, no evidence of teratogenic effects in pregnancy; you can discontinue or decrease the dose, and if not at goal, add labetalol, or nifedipine or methyldopa.

- ACOG suggests conservative management in patients with Stage 1 HTN (130-139/80/89) by close monitoring, managing modifiable risk factors: overweight, obesity, sodium restriction, DASH diet.

- Chronic HTN in pregnancy is defined by Stage 2 HTN using ACC/AHA guidelines >=140/90.

- Maternal risks of chronic HTN in pregnancy:
  - Acute kidney failure
  - Superimposed pre-eclampsia
  - Cesarian birth
  - In hospital mortality
  - Pulmonary edema
  - Placental abruption
  - Postpartum hemorrhage
  - Gestational diabetes
  - Hospitalization/length of stay

- Fetal and neonatal risks:
  - Perinatal mortality is 2-4x higher in pregnancy complicated by chronic HTN
  - Preterm birth, low birth weight, NICU admission
  - Small for gestational age
  - Congenital malformation

Source: UptoDate

Allyson Boucher and Kharmen Lopez del Castillo
Hypertension Champions