SEVERE HYPERTENSION IN PREGNANCY: RISK APPROPRIATE CARE CONSIDERATIONS FOR POST-DISCHARGE AND OUTPATIENT SETTINGS

Postpartum Triggers:
SBP ≥ 160 or DBP ≥ 110 or
SBP ≥ 140-159 or DBP ≥ 90-109 with unremitting headaches, visual disturbances or epigastric/RUQ pain

***AntiHTN therapy suggested if persistent SBP ≥ 150 or DBP ≥ 100 on at least two occasions at least 4 hours apart

***Persistent SBP ≥ 160 or DBP ≥ 110 should be treated within 1 hour

GREEN ZONE
1. Good maternal response to treatment and asymptomatic
2. Staffing
3. Consider facility readiness
   • Monitoring capabilities
   • Access to medications
   • Equipment and supplies
   • Time and distance to travel

Action Items:
1. Review nurse acuity assessment
2. Plan for admission to hospital for further observation and management
3. Review pre-hospitalization checklist

YELLOW ZONE
1. Maternal response equivocal and signs & symptoms present
2. Staffing
3. Consider facility readiness
   • Monitoring capabilities
   • Access to medications
   • Equipment and supplies

Action Items:
1. Review nurse acuity assessment
2. Consult specialist (OB, MFM, internal med, critical care)
3. Plan for admission to hospital for further observation and management
4. Review pre-hospitalization checklist
5. Review pre-transport checklist

RED ZONE
1. Maternal response inadequate and/or recurrent and severe signs & symptoms are present
2. Staffing
3. Consider facility readiness
   • Monitoring capabilities
   • Access to medications
   • Equipment and supplies

Action Items:
1. Review nurse acuity assessment
2. Consult specialist (OB, MFM, internal med, critical care)
3. Review pre-transport checklist
4. Arrange transport to hospital with appropriate level of care
5. Review pre-hospitalization checklist