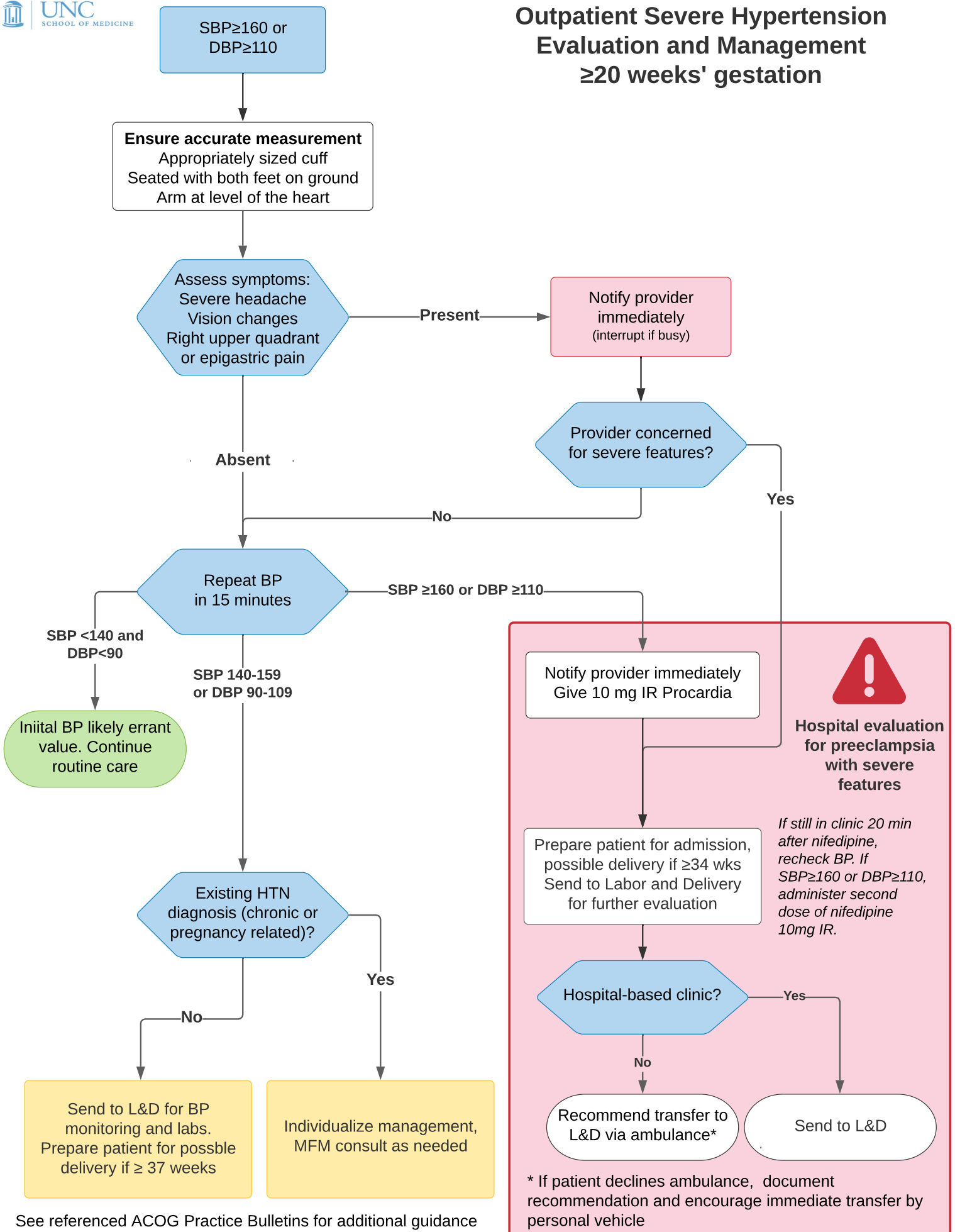
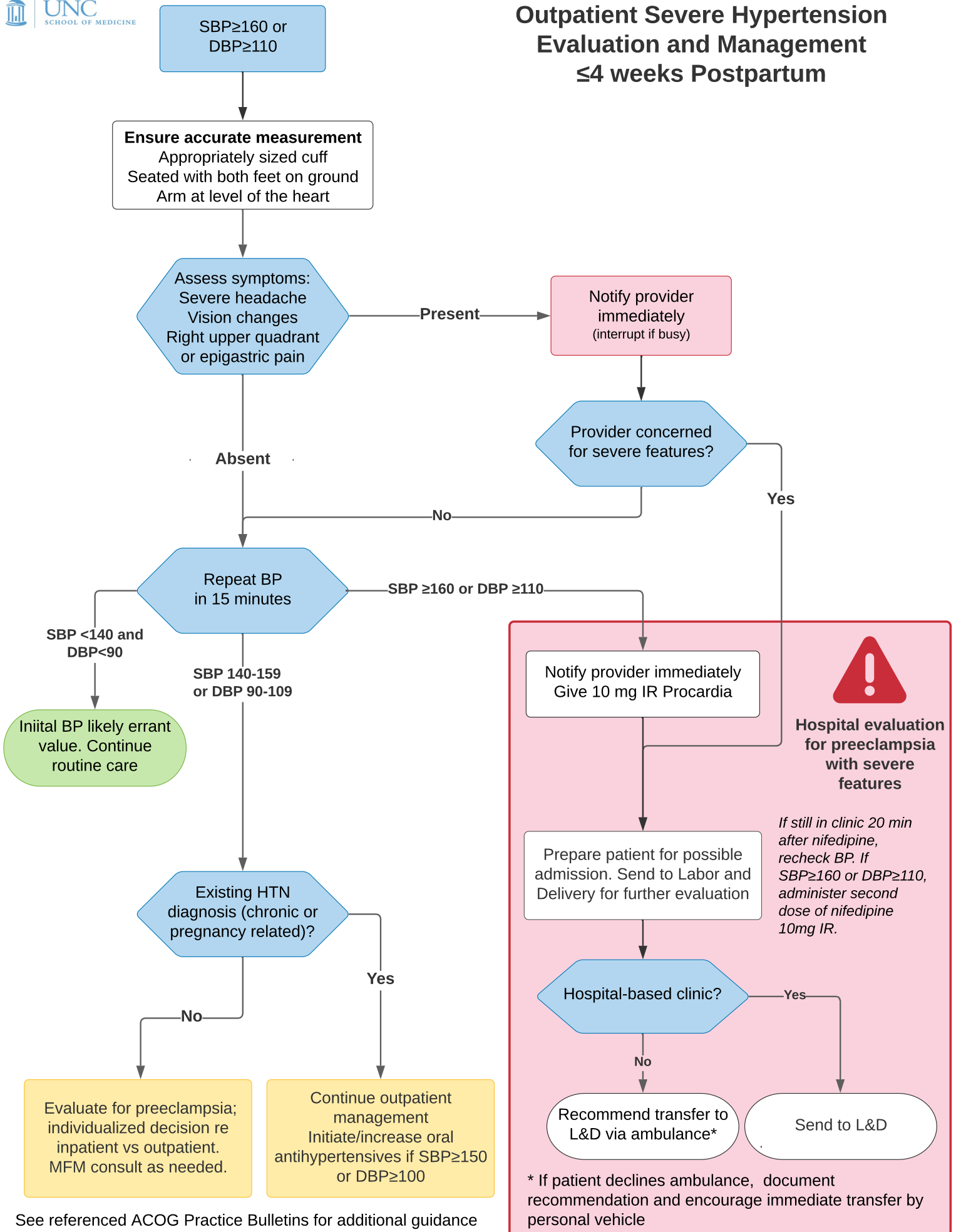


# Outpatient Severe Hypertension Evaluation and Management ≥20 weeks' gestation



See referenced ACOG Practice Bulletins for additional guidance

# Outpatient Severe Hypertension Evaluation and Management ≤4 weeks Postpartum



See referenced ACOG Practice Bulletins for additional guidance

\* If patient declines ambulance, document recommendation and encourage immediate transfer by personal vehicle

## References

**Chronic hypertension in pregnancy. ACOG Practice Bulletin No. 203. American College of Obstetricians and Gynecologists. Obstet Gynecol 2019;133:e26–50.**

**Gestational Hypertension and Preeclampsia: ACOG Practice Bulletin Summary, Number 222. Obstet Gynecol 2020; 135:1492.**

Vigil-De Gracia, P, Ludmir, J. (2015) The use of magnesium sulfate for women with severe preeclampsia or eclampsia diagnosed during the postpartum period, *The Journal of Maternal-Fetal & Neonatal Medicine*, 28:18, 2207-2209, DOI: 10.3109/14767058.2014.982529

Martin J, Thigpen B, Moore R, Rose C, Cushman J, May W. (2005). Stroke and Severe Preeclampsia and Eclampsia: A Paradigm Shift Focusing on Systolic Blood Pressure. *Obstetrics & Gynecology*, 105 (2), 246-254. doi: 10.1097/01.AOG.0000151116.84113.56

Judy AE, McCain CL, Lawton ES, et al. Systolic Hypertension, Preeclampsia-Related Mortality, and Stroke in California. *Obstet Gynecol* 2019.

Hauspurg A, Jeyabalan A. Postpartum preeclampsia or eclampsia: defining its place and management among the hypertensive disorders of pregnancy, *American Journal of Obstetrics and Gynecology* 2021, <https://doi.org/10.1016/j.ajog.2020.10.027>.

Sharshar T, Lamy C, Mas JL. Incidence and causes of strokes associated with pregnancy and puerperium. A study in public hospitals of Ile de France. Stroke in Pregnancy Study Group. *Stroke [Internet]*. 1995 ed. 1995. June;26(6):930–6. Available from: <http://www.ncbi.nlm.nih.gov/pubmed/7762040>

Liu S, Chan WS, Ray JG, Kramer MS, Joseph KS, for the Canadian Perinatal Surveillance System (Public Health Agency of Canada). Stroke and Cerebrovascular Disease in Pregnancy. *Stroke*. 2019. January;50(1):13–20.

*Revised: 11/4/2021 NT*

*These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.*

*The algorithms remain the intellectual property of the University of North Carolina at Chapel Hill School of Medicine. They cannot be reproduced in whole or in part without the expressed written permission of the school.*