

Postpartum Follow up of Patients with Hypertensive Disorders of Pregnancy (HDP)

Before Discharge

- BP Target $\leq 140/90$. Begin antihypertensives if needed.
- Ensure patient access to BP cuff or remote home monitoring.
- Educate patient to measure BP 1–2x per day for two weeks. If well controlled then 2–3x per week.
- Patient handout: [High BP in Pregnancy: What you need to know \(English/Spanish\)](#)

If severe features of HDP* during pregnancy, perform a **72-hr check-in** post-discharge for symptoms and BP check

One-Week Postpartum Visit

- BP target $\leq 140/90$
- Antihypertensive titration (\uparrow or begin if above target, \downarrow if 10-20 below target, and continue if at target)
- If previous severe features of HDP, measure CBC, CMP, and UPCR (urine protein: creatinine ratio)
- If heart failure is suspected, draw NTproBNP or BNP. If elevated, order ECG and maternal echo

4 to 6-Week Postpartum Visit

- BP target $\leq 130/80$
- Antihypertensive titration (\uparrow or begin if above target, \downarrow if 10-20 below target, and continue if at target)
- Contraception discussion (consider non-estrogen options)
- Breastfeeding status
- BMP, diabetes screen (2-hour 75-gram oral glucose tolerance test), UPCR (if proteinuria in pregnancy)
- If heart failure is suspected, draw NTproBNP or BNP. If elevated, order ECG and maternal echocardiogram

Refer to Cardiology or Nephrology when

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| • BP SBP ≥ 180 and/or DBP ≥ 120 or is refractory | • eGFR < 60 mL/min/1.73 m ² |
| • Cardiovascular condition or symptoms | • UPCR (protein:creatinine) > 0.5 mg/mg |
| • Patient has high-risk comorbidities (e.g. lupus) | • 2-year or 5-year kidney risk score $> 3\%$ |
| • Proteinuria > 500 mg/24 hrs | • Persistent hematuria |

Long-term Follow up

- If on hypertensive drugs, recommend visits at 3, 6, and 12 months
- If not on hypertensive drugs, recommend visits at 6 and 12 months
- BP target $\leq 130/80$; titration of antihypertensives
- Calculate ASCVD or [PREVENT](#) risk score (HDP is risk enhancer)
- Referral criteria same as 4–6 week visit



Use QR code or [link](#) to see full guideline

*Severe features include any of the following: SBP ≥ 160 or DBP ≥ 110 , creatinine > 1.1 mg/dL, thrombocytopenia ($< 100 \times 10^9/L$, AST or ALT $\geq 2x$ ULN, pulmonary edema, visual disturbances, shortness of breath, headache unresponsive to medication, upper right quadrant pain or epigastric pain non-responsive to medication.