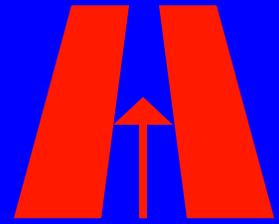


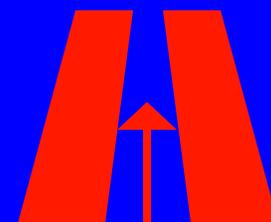


Chronic Hypertension in Pregnancy



Prepregnancy counseling:

- Evaluate using JNC VI criteria
- Discontinue use of ACE inhibitors and ARBs
- Evaluate for target organ damage in women with longstanding hypertension
- Discontinue use of tobacco and/or alcohol, even if not hypertensive
- Discuss lifestyle changes, if applicable



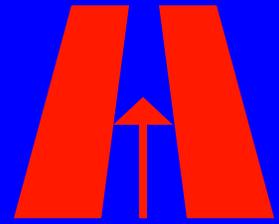
JNC VI Classification of Blood Pressure for Adults

Category	SBP (mm Hg)		DBP (mm Hg)
Optimal	< 120	and	< 80
Normal	< 130	and	< 85
High-normal	130–139	or	85–89
Hypertension			
Stage 1	140–159	or	90–99
Stage 2	160–179	or	100–109
Stage 3	³ 180	or	≥ 110

When SBP and DBP fall into different categories, use the higher category.



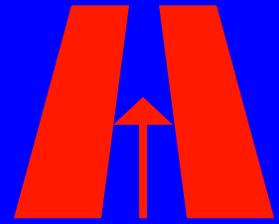
Treatment of Chronic Hypertension in Pregnancy



- Most women with stage 1 to 2 chronic hypertension are candidates for nondrug therapy, absent evidence of target organ damage.
- Most of the increased risk associated with chronic hypertension occurs with superimposed preeclampsia.
- End points for reinstating treatment include SBP > 150-160 or DBP > 100-110 or evidence of target organ damage.



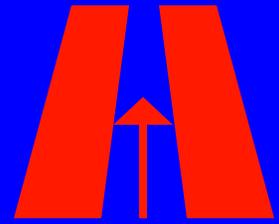
Antihypertensive Drug Selection



- **ACEI and ARB are contraindicated in pregnancy.**
- **Methyldopa preferred first-line therapy; labetalol if methyldopa not tolerated.**
- **Alternatives to methyldopa can be substituted based on rational mechanisms of action.**
- **Long-term studies of most other agents are lacking in pregnant women.**
- **Diuretics not used as first-line agents but are not contraindicated except in cases of reduced uteroplacental perfusion.**



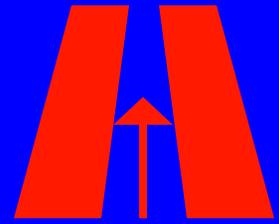
Pregnancy, Hypertension, and Renal Disease



- Renal insufficiency may progress and jeopardize fetal survival.
- As renal failure progresses, consider sodium restriction, use of loop diuretics, or dialysis.
- **Magnesium sulfate is hazardous in women with severe renal failure; doses should be reduced and guided by plasma magnesium determinations. Phenytoin may be an alternative.**
- Significant maternal morbidity associated with chronic dialysis during pregnancy: conception should be discouraged.



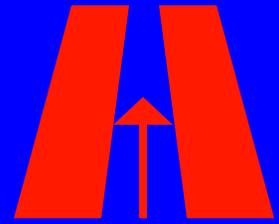
Treating Hypertension During Lactation



- Breastfeeding encouraged (with limits).
- Little information on excretion of agents in breast milk or long-term effects on exposed infants.
- No short-term adverse effects reported with methyldopa or hydralazine.
- Beta-blockers: propranolol & labetalol recommended.
- No data on calcium antagonists.
- Diuretics may reduce milk volume/suppress lactation.
- **ACEI and ARB should be avoided.**



Fetal Assessment in Chronic Hypertension



Efforts directed at early detection of superimposed preeclampsia and possible fetal growth restriction.

- Initial sonogram at 18 to 20 weeks gestation.**
- Fetal growth carefully assessed thereafter.**
- If growth restriction, assess by nonstress tests or biophysical profiles.**