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### Management of hypertension in pregnant and postpartum women

**What's New**
- Long-term risk of hypertension in women with pregnancy-associated hypertension (August 2017)
  - For women with a history of gestational hypertension, pre-eclampsia, or HELLP syndrome, at least annual clinic measurement of blood pressure is in...
  - Read more

**Introduction**
There are four major hypertensive disorders that occur in pregnant women:
- Preeclampsia-eclampsia — Preeclampsia refers to the syndrome of new onset of hypertension and proteinuria or new onset of hypertension and end-organ dysfunction without or with proteinuria (Table 1), most often after 20 weeks of gestation in a previously normotensive woman (3). Eclampsia is diagnosed when seizures have occurred.
- Chronic (preexisting) hypertension — Chronic hypertension is defined as a systolic pressure of 140 mm Hg and/or a diastolic pressure of 90 mm Hg that antedates pregnancy, is present before the 20th week of pregnancy, and persists longer than 12 weeks postpartum.
- Preeclampsia-eclampsia superimposed upon chronic hypertension — Preeclampsia-eclampsia superimposed upon chronic hypertension is a condition that refers to elevated blood pressure first detected after 20 weeks of gestation in the absence of chronic disease. It is associated with increased maternal morbidity and mortality.

### Treatment of Hypertension in Preeclampsia

- Administration of antihypertensive therapy
- Choice of drug and dose
- Antihypertensive therapy
- Atenolol
- Nifedipine
- Labetalol
- Hydralazine
- Methyl dopa
- Clonidine
- Oral agents to avoid in pregnancy
- ACD inhibitors, ARBs, direct renin inhibitors
- Mesna/oral soluble receptor antagonists
- Nitroprusside

### Related Topics
- Preeclampsia-eclampsia
- Antihypertensive therapy

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