Appendix 7. Postnatal Letter to GP/woman for woman with gestational hypertension/pre-eclampsia

Dear Doctor,

The above woman has been diagnosed with gestational hypertension/pre-eclampsia (delete as appropriate). She has now delivered and is discharged home on …….. with the medication below ……

As per NICE guidance, we recommend the following:

- Please could the community midwife monitor BP a minimum of twice weekly until the BP is normal on two-to-three consecutive readings.
    - Aim to keep blood pressure lower than 140/90 mmHg
    - Advice from the GP or MAU should be sought if BP is persistently > 160/110
- Please could the GP review antihypertensive treatment two weeks following delivery
- Medication can be reduced when BP<140/90 and stopped when BP <130/80
- **Antihypertensives:**
  Nifedipine, Labetalol, and ACE inhibitors are safe to use in the postpartum period and in breastfeeding mothers. Methyldopa is to be avoided as it may contribute to postnatal depression.
    - First Line (because once daily) Nifedipine – Coracten XL 30mg od and titrate up to 90mg od in 30mg steps
    - Labetalol – start at 100mg bd and titrate up to 400mg tds in 100mg steps
    - Enalapril is the ACEi with most safety data in breastfeeding – start at 5mg od and titrate up to 20mg od in 5mg steps

  These medications can be titrated downwards by the same increments as stated above. It is reasonable to adjust the dose and recheck BP after a few days and then re-assess
- **Postnatal Hypertension Clinic:** Refer women (tel: 0191 2825856) if:
    - Uncontrolled BP, despite increasing medication
    - Persistently elevated BP, or BP requiring medication more than three months following delivery
    - Women with known, pre-existing, chronic hypertension do not need to be referred.
- **Postnatal proteinuria:** proteinuria from pre-eclampsia should have resolved by the 6-8 week GP check. Please dip the urine at this visit. If > 2+ protein, send a urinary protein-creatinine ratio (PCR) to quantify. If PCR>30, re-check the PCR again after 3 months. If there is still proteinuria at three months then refer to the Renal New Patient Clinic at the FRH, to exclude an underlying renal cause.
- Advise woman to maintain a healthy BMI (between 18.5 to 24.9)
- Advise to avoid smoking
- Contraceptive advice should be offered as appropriate

The woman should also be made aware that:

- gestational hypertension in a future pregnancy ranges from about 1 in 8 pregnancies to about 1 in 2 pregnancies
- pre-eclampsia in a future pregnancy affects up to about 1 in 6 pregnancies
- pre-eclampsia in a future pregnancy increases to about 1 in 4 pregnancies if it was complicated by severe pre-eclampsia, HELLP syndrome or eclampsia and led to birth before 34 weeks and about 1 in 2 pregnancies if it led to birth before 28 weeks
- There is an increased risk of cardiovascular disease (hypertension and its complications)
- In future pregnancies she will require consultant led care with consideration of aspirin from 12 weeks of pregnancy

Yours sincerely,

Name …….. Designation …….. Date…….

Copy for GP/ woman