

Post Natal Discharge Letter for Women with Hypertension in Pregnancy

Date:

Patient ID Label:

Dear Community Midwife / General Practitioner

This patient is currently days postpartum and has been discharged from ward
PRM / QEUH / RAH on / /

Diagnosis: pregnancy-induced hypertension / pre-eclampsia / chronic hypertension

Discharged on Medication YES / NO (NB do not prescribe methyldopa postpartum)

DRUG DOSE FREQUENCY

_____	_____	_____
_____	_____	_____
_____	_____	_____

If not on home BP monitoring programme please monitor BP on alternate days from discharge until day 5 and again on day10. If BP is not within normal limits continue to monitor on alternate days for 2 weeks.

Aim for a BP of <150/100 and ideally <140/90

IF BP <120/70 STOP MEDICATION IF BP <130/80 REDUCE MEDICATION (See Below)
IF BP >150/100 (ON 2 READINGS) AND ASYMPTOMATIC REFER TO DAYCARE
WITHIN 24 HOURS IF BP >160/110 OR SYMPTOMATIC REFER TO DAYCARE / MAU
/ TRIAGE FOR SAME DAY REVIEW

Please arrange GP review if still on medication 2 weeks after discharge from hospital.

If still on medication 12 weeks postpartum consider referral for specialist medical review.

If proteinuria has not resolved at 12 weeks postpartum consider referral to renal physician

Women who have had hypertensive disease in pregnancy are at increased risk of hypertension in later life and should have at least annual surveillance of their blood pressure.

Name Signature
..... Date