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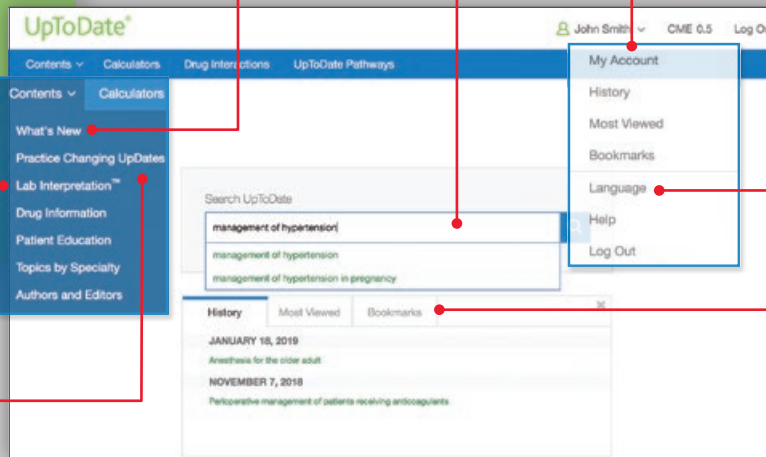
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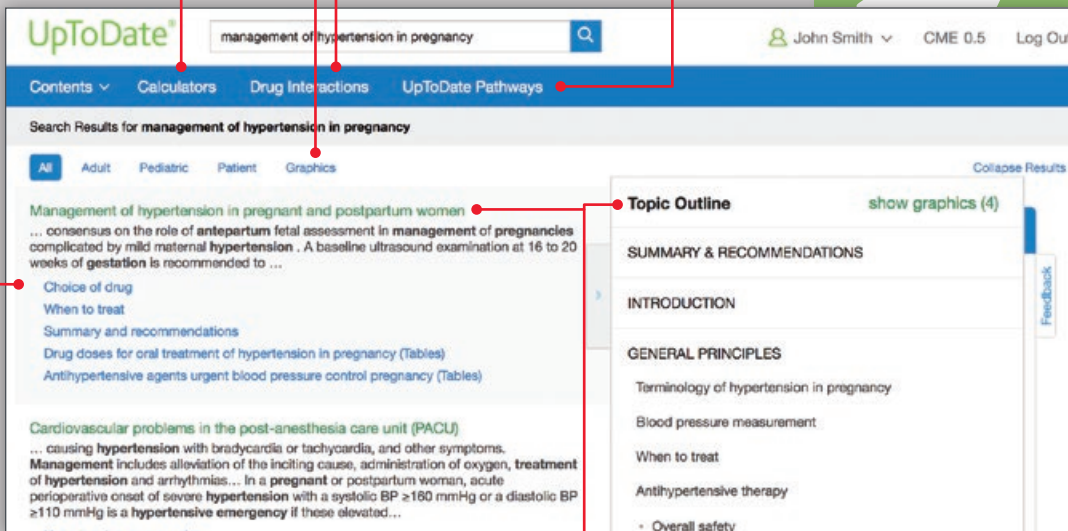
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3

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Click to go directly to summary and treatment recommendations.

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management of hypertension in pregnancy

John Smith CME 1.0 Log Out

Contents Calculators Drug Interactions UpToDate Pathways

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Management of hypertension in pregnant and postpartum women

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All topics are updated as new evidence becomes available and our [peer review process](#) is complete.
Literature review current through: **Dec 2018**. | This topic last updated: **Jan 30, 2019**.

What's New

Beta-blockers in pregnancy and risk for congenital heart defects (November 2018)

Use of beta-blockers during pregnancy has been associated with an increased risk for congenital heart disease in offspring, but...

[Read more](#)

INTRODUCTION

This topic will discuss the treatment of hypertension in pregnant and postpartum women. Other aspects of pregnancy complicated by hypertension are reviewed in separate topics, including, but not limited to:

- (See "[Preeclampsia: Clinical features and diagnosis](#)".)
- (See "[Preeclampsia: Management and prognosis](#)".)
- (See "[Preeclampsia: Prevention](#)".)
- (See "[Eclampsia](#)".)
- (See "[Gestational hypertension](#)".)

Preeclampsia-eclampsia – Preeclampsia refers to the syndrome of new onset of hypertension and proteinuria or new onset of hypertension and end-organ dysfunction with or without proteinuria ([table 1](#)), most often after 20 weeks of gestation in a previously normotensive woman [\[1\]](#). Eclampsia is diagnosed when seizures have occurred.

Terminology of hypertension in pregnancy
Blood pressure measurement
When to treat
Antihypertensive therapy

- Overall safety
- Risk of congenital heart disease
- Options
 - Methyldopa
 - Beta blockers
 - Calcium channel blockers

GRAPHICS [view all](#)

Figures

- Hemodynamic changes in normal pregnancy

Access related topics to find additional information.

Click to view a Medline abstract with full text when available.

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