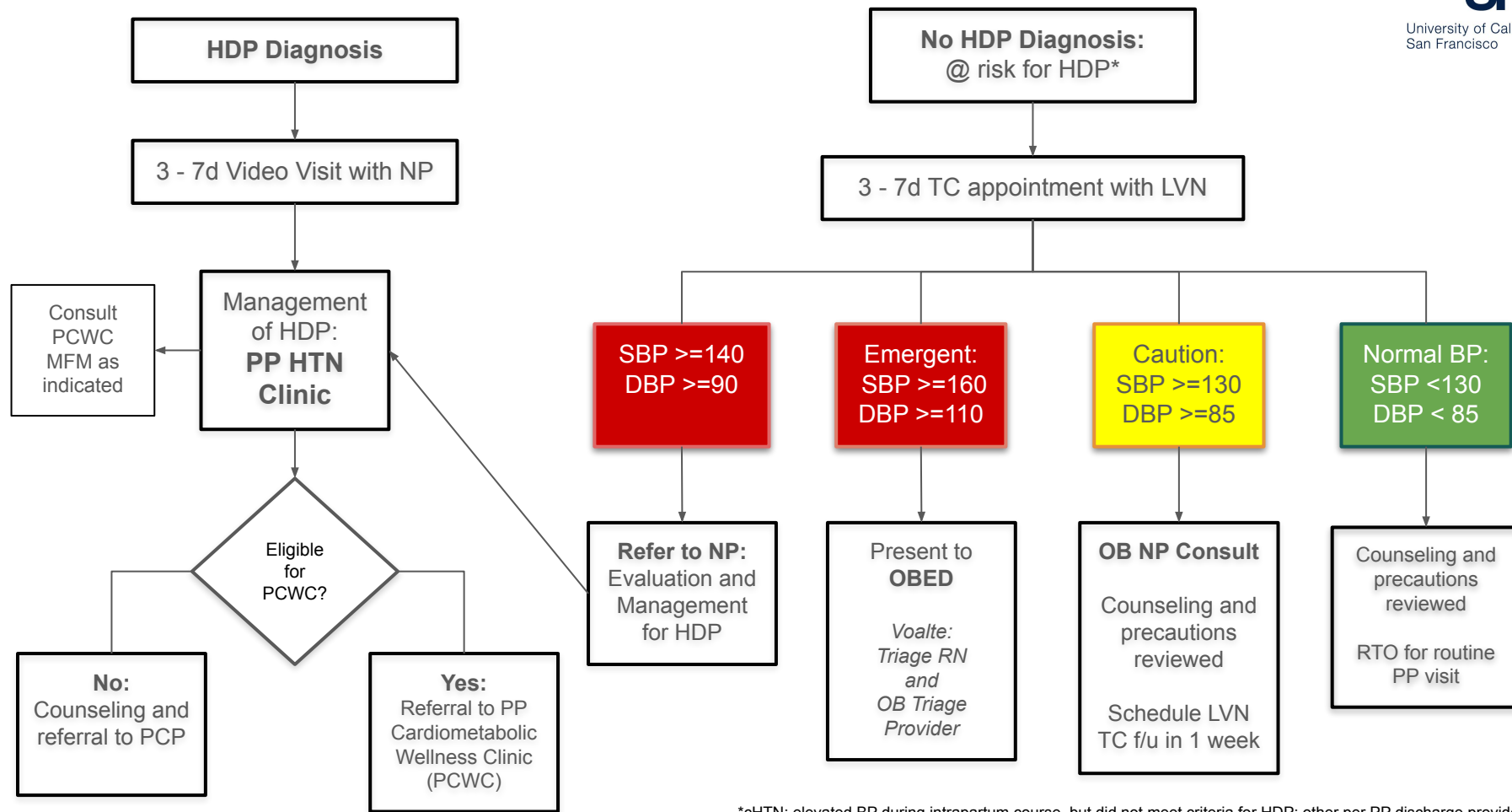
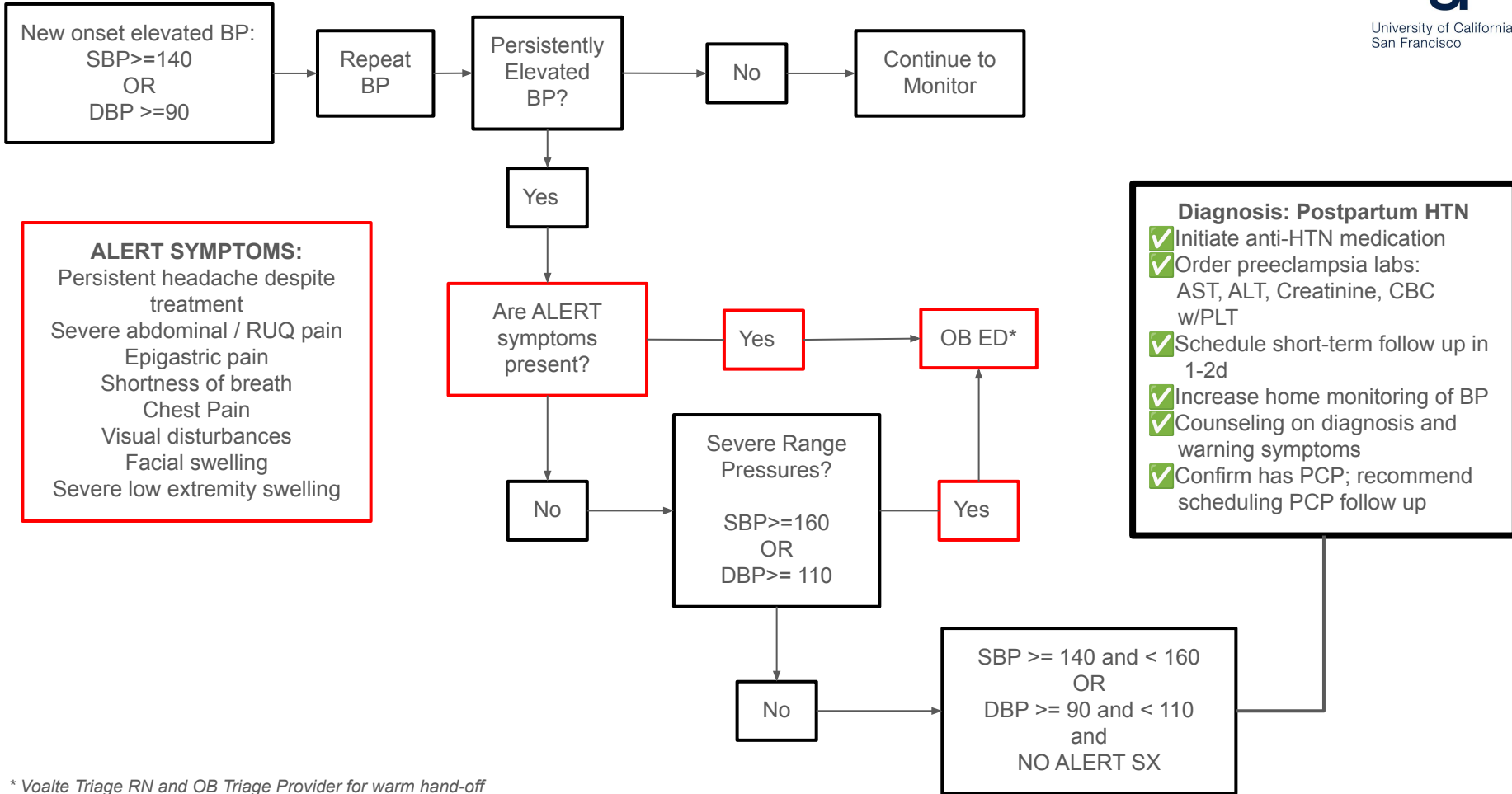


Immediate Postpartum Discharge Appointments and Workflow



*cHTN; elevated BP during intrapartum course, but did not meet criteria for HDP; other per PP discharge provider

New Onset Postpartum HTN: Outpatient Evaluation and Management



* Voalte Triage RN and OB Triage Provider for warm hand-off

Self Assessment of Home Blood Pressure

Ensure accurate technique for measurement of BP @ home:

- Using upper arm BP cuff
- Upper arm bare without restrictive clothing
- Cuff is the appropriate size:
bladder 40% circumference and encircles 80% of arm
- Seated or semi-reclined
- Back supported
- Arm rested, raised to heart level of heart
- Feet flat on floor (not dangling or legs crossed)
- Measurement preceded by a minimum of 10 min rest period
- Within 30 min prior to measurement:
Do not eat, use caffeine, exercise, smoke
- Empty bladder
- Breathe normally; do not talk during measurement

Ensure validated and accurate home BP cuff:

- Using a validated BP cuff
- Confirm home BP cuff calibrated @ UCSF medical office.

Resources to share with patients on how to take BP:

<https://www.preeclampsia.org/blood-pressure>

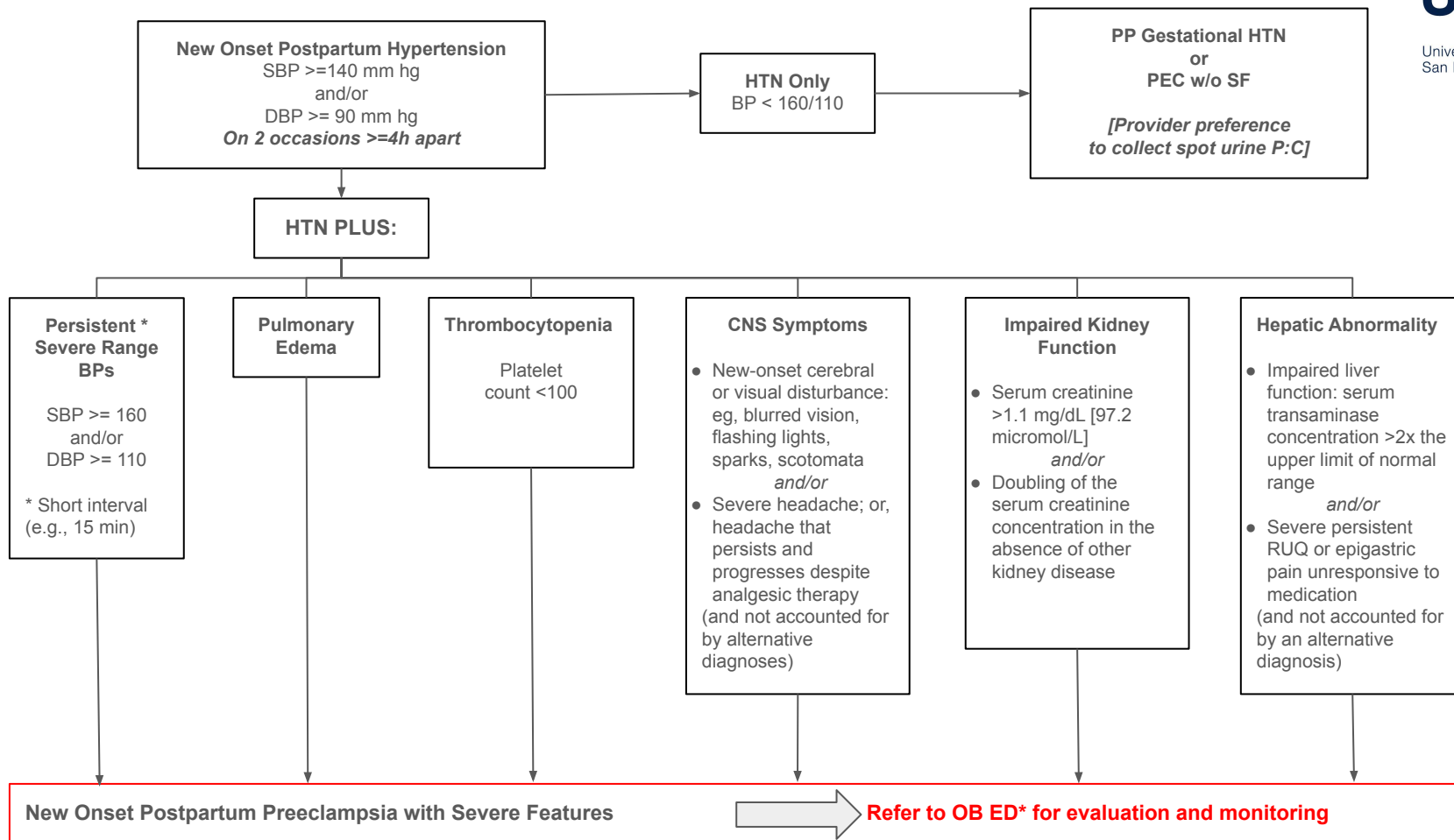
Resources on validated home BP cuffs to use:

<https://www.validatebp.org/>

<https://www.stridebp.org/bp-monitors/>

<https://www.stridebp.org/pregnancy-pdf/>

Algorithm for Outpatient New Onset Postpartum Preeclampsia Diagnosis



* Voalte Triage RN and OB Triage Provider for warm hand-off

New Onset Postpartum HTN in the Outpatient Setting: Medication Initiation and Titration

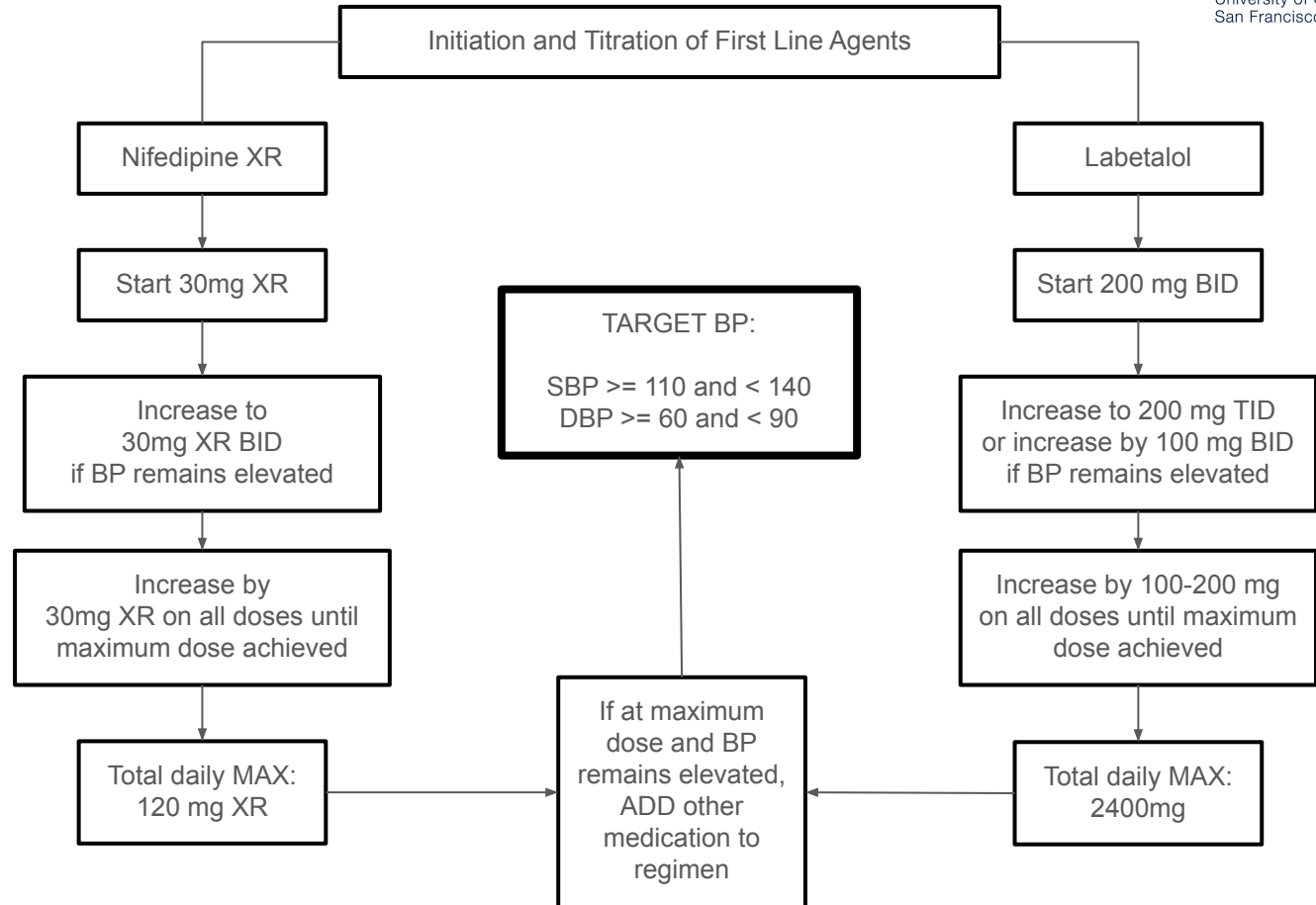
Considerations for Anti-HTN Medication Initiation:

- Lactation status?
- Prior anti-HTN medication history?
- Hemodynamic status?
- Resting heart rate?

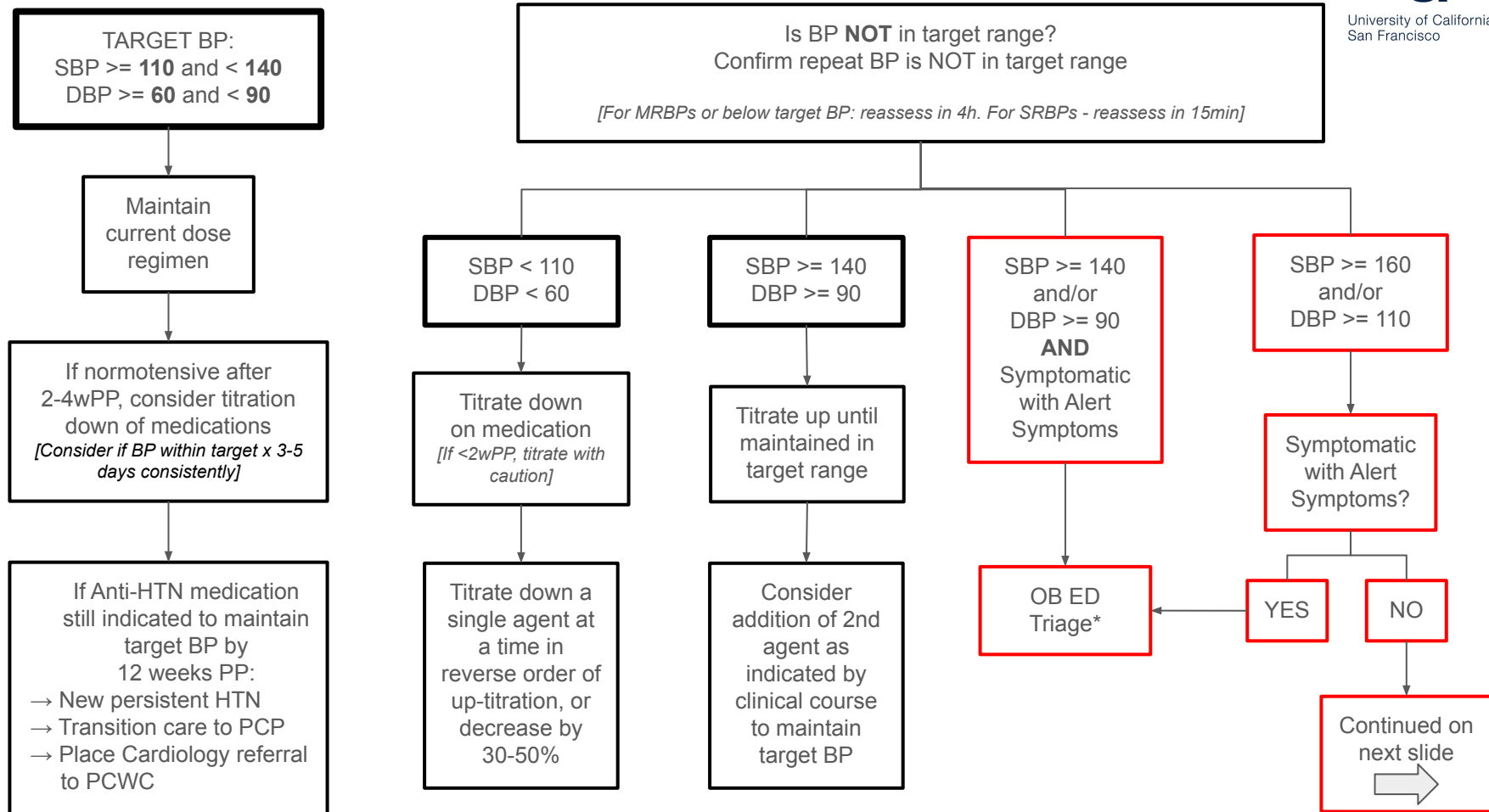
Consult PCWC MFM as indicated

Schedule follow up visit in 1-2 days

Consider OB ED triage evaluation if BP difficult to control outpatient



Medication Management for gHTN, PP HTN, Preeclampsia, and SIPE in the Outpatient Setting



Outpatient HTN Medication Management for gHTN, PP HTN, Preeclampsia, and SIPE: Continued

