

## 2 COMPLICATIONS OF PREGNANCY

### 2.2 HYPERTENSION IN PREGNANCY

Date Issued: November 2003  
Date Revised: April 2012  
Review Date: April 2015  
Authorised by: OGCCU  
Review Team: OGCCU

2.2.3.9 Labour and birth suite QRG for hydralazine therapy  
Section B  
Clinical Guidelines  
King Edward Memorial Hospital  
Perth Western Australia

### 2.2.3 MIDWIFERY CARE

#### 2.2.3.9 LABOUR AND BIRTH - QUICK REFERENCE GUIDE HYDRALAZINE ANTIHYPERTENSIVE THERAPY

This **Quick Reference Guide** must be **used in conjunction** with its respective [Clinical Guideline, Section B 2.2 Medical management hypertension in pregnancy](#) and [Clinical Guideline, Section B 2.2.3.8 Hydralazine Antihypertensive Therapy](#).

#### MANAGEMENT DURING A HYPERTENSIVE CRISIS

Notify the medical officer immediately if blood pressure (BP) is  $\geq 170/110$ . The medical officer will make the decision if intravenous (IV) hydralazine is to be administered.

#### RECONSTITUTION OF INTRAVENOUS HYDRALAZINE

Dissolve hydralazine 20mg powder with 2mL of Sodium Chloride 0.9% in the ampoule. Further dilute to 20 mL with Sodium Chloride 0.9%. This equates to Hydralazine 1mg per mL.

#### DOSAGE AND REGIMEN

##### INITIAL DOSE (PREFERABLY GIVEN BY A MEDICAL OFFICER).

Administer **intravenously** 5mg hydralazine (equates to 5mL of the diluted mixture) **slowly** over 2 minutes.

##### REPEAT DOSE

If the desired BP is not obtained in the **20-30 minutes** following the first dose notify the medical officer. A further dose of 5mg–10mg of **intravenous** hydralazine (equating to 5mLs – 10 mL of the diluted mixture) may be ordered to be given **slowly** over 2-4 minutes.

Note: Inform the medical officer immediately if the repeat dose is ineffective after 30 minutes.

This may require repeated doses or even an intravenous infusion of hydralazine 5 – 10 mg/hour, titrated to the blood pressure response. See [Clinical Guidelines, Section P Hydralazine](#).

#### OBSERVATIONS

Monitor the maternal blood pressure (BP), heart rate, maternal arterial oxygen saturation levels (with pulse oximetry), and respiratory rate 5 minutely for 15 minutes after administration, then 15 minutely for 1 hour. Thereafter monitor the above observations 30 minutely until the BP is stable and within an acceptable range. Liaise with the medical officer about frequency of monitoring at this stage.

Monitor the fetal heart rate continuously

**Note:** repeat the initial frequency of BP measurements if a second dose of hydralazine is given.