Appendix W: Labetalol and Hydralazine Recommendations

LABETALOL:

Threshold Blood Pressure:
Systolic 160 OR Diastolic 105-110

If BP above threshold:
Give 20 mg IV over 2 minutes.
Repeat BP in 10 minutes

If BP above threshold after 10 min:
40 mg IV over 2 minutes. Repeat BP in 10 minutes

If BP above threshold after 10 min:
80 mg IV over 2 minutes. Repeat BP in 10 minutes

BP above threshold: repeat 80mg over 10 minutes to maximum dose of 220 mg

Target Blood Pressure:
140-150 - 90-100

If No IV Access:
Give Oral Labetalol
200 mg
Check BP in 30 minutes; if above threshold, labetalol 200 mg dose

If No IV access:
Give PO Nifedipine
10 mg
Check BP in 30 minutes; if above threshold, repeat PO nifedipine 10 mg

Seek Consultation
(Maternal-Fetal Medicine, Critical Care, Anesthesia, Internal Medicine)

Switch TO:
Hydralazine: 10mg over 2 minutes

Adapted from ACOG Committee Opinion #514; (1) MFM, Critical Care, Anesthesia, Internal Medicine; (2) Raheem I, Sazid R, Omar I, Tan F. Oral nifedipine versus intravenous labetalol for acute blood pressure control in hypertensive emergencies of pregnancy: a randomised trial. ACOG. 2012;119:78-83.

HYDRAZONE

THRESHOLD BLOOD PRESSURE
Systolic 160 OR Diastolic 105-110

If BP above threshold:
5 mg or 10 mg IV over 2 minutes.
Repeat BP in 20 minutes

If BP above threshold:
10 mg IV over 2 minutes.
Repeat BP in 20 minutes

If BP above threshold: Switch to Labetalol 20 mg IV over 2 minutes.
Repeat BP in 10 minutes

If BP above threshold:
Labetalol 40 mg IV over 2 min.
Repeat BP in 10 minutes

TARGET BLOOD PRESSURE
140-160 OR 90-100

Hydralazine: 5-10 mg doses IV every 15-20 minutes until desired response is achieved

Emergency Consultation
(MFM, Critical Care, Anesthesia, Internal Medicine)