**Box 1. Order Set for Severe Intrapartum or Postpartum Hypertension Initial First-Line Management With Labetalol**

- Notify physician if systolic blood pressure (BP) measurement is greater than or equal to 160 mm Hg or if diastolic BP measurement is greater than or equal to 110 mm Hg.
- Institute fetal surveillance if unattended and fetus is viable.
- If severe BP elevations persist for 15 minutes or more, administer labetalol (20 mg intravenously [IV] over 2 minutes).
- Repeat BP measurement in 10 minutes and record results.
- If either BP threshold is still exceeded, administer labetalol (40 mg IV over 2 minutes). If BP is below threshold, continue to monitor BP closely.
- Repeat BP measurement in 10 minutes and record results.
- If either BP threshold is still exceeded, administer labetalol (80 mg IV over 2 minutes). If BP is below threshold, continue to monitor BP closely.
- Repeat BP measurement in 10 minutes and record results.
- If either BP threshold is still exceeded, administer labetalol (10 mg IV over 2 minutes). If BP is below threshold, continue to monitor BP closely.
- Repeat BP measurement in 20 minutes and record results.
- If either BP threshold is still exceeded, obtain emergency consultation from maternal–fetal medicine, internal medicine, anesthesia, or critical care subspecialists.
- Give additional antihypertensive medication per specific order.
- Once the aforementioned BP thresholds are achieved, repeat BP measurement every 10 minutes for 1 hour, then every 15 minutes for 1 hour, then every 30 minutes for 1 hour, and then every hour for 4 hours.
- Institute additional BP timing per specific order.

*Please note there may be adverse effects and contraindications.


**Box 2. Order Set for Severe Intrapartum or Postpartum Hypertension Initial First-Line Management With Hydralazine**

- Notify physician if systolic blood pressure (BP) is greater than or equal to 160 mm Hg or if diastolic BP is greater than or equal to 110 mm Hg.
- Institute fetal surveillance if unattended and fetus is viable.
- If severe BP elevations persist for 15 minutes or more, administer hydralazine (5 mg or 10 mg intravenously [IV] over 2 minutes).
- Repeat BP measurement in 20 minutes and record results.
- If either BP threshold is still exceeded, administer hydralazine (10 mg IV over 2 minutes). If BP is below threshold, continue to monitor BP closely.
- Repeat BP measurement in 20 minutes and record results.
- If either BP threshold is still exceeded, administer hydralazine (20 mg IV over 2 minutes). If BP is below threshold, continue to monitor BP closely.
- Repeat BP measurement in 20 minutes and record results.
- If either BP threshold is still exceeded, obtain emergency consultation from maternal–fetal medicine, internal medicine, anesthesia, or critical care subspecialists.
- Give additional antihypertensive medication per specific order.
- Once the aforementioned BP thresholds are achieved, repeat BP measurement every 10 minutes for 1 hour, then every 15 minutes for 1 hour, then every 30 minutes for 1 hour, and then every hour for 4 hours.
- Institute additional BP timing per specific order.

*Please note there may be adverse effects and contraindications.

Box 3. Order Set for Severe Intrapartum or Postpartum Hypertension Initial First-Line Management With Oral Nifedipine*

- Notify physician if systolic blood pressure (BP) is greater than or equal to 160 mm Hg or if diastolic BP is greater than or equal to 110 mm Hg.
- Institute fetal surveillance if undelivered and fetus is viable.
- If severe BP elevations persist for 15 minutes or more, administer nifedipine† (10 mg orally).
- Repeat BP measurement in 20 minutes and record results.
- If either BP threshold is still exceeded, administer nifedipine capsules (20 mg orally). If BP is below threshold, continue to monitor BP closely.
- Repeat BP measurement in 20 minutes and record results.
- If either BP threshold is still exceeded, administer nifedipine capsule (20 mg orally). If BP is below threshold, continue to monitor BP closely.
- Repeat BP measurement in 20 minutes and record results.
- If either BP threshold is still exceeded, administer labetalol (40 mg intravenously over 2 minutes) and obtain emergency consultation from maternal–fetal medicine, internal medicine, anesthesia, or critical care subspecialists.
- Give additional antihypertensive medication per specific order.
- Once the aforementioned BP thresholds are achieved, repeat BP measurement every 10 minutes for 1 hour, then every 15 minutes for 1 hour, then every 30 minutes for 1 hour, and then every hour for 4 hours.
- Institute additional BP timing per specific order.

*Please note there may be adverse effects and contraindications.
†Capsules should be administered orally and not punctured or otherwise administered sublingually.