Oral Nifedipine Algorithm

Trigger: If severe elevations (SBP ≥160 or DBP ≥ 110) persist* for 15 min or more OR if two severe elevations are obtained within 15 min and tx is clinically indicated.

- Notify provider after one severe BP value is obtained
- Institute fetal surveillance if viable
- Capsules should be administered orally and not punctured or otherwise administered sublingually
- There may be adverse effects and contraindications. Clinical judgement should prevail.

1. Oral nifedipine 10 mg
2. Repeat BP in 20 minutes
3. If SBP ≥ 160 or DBP ≥ 110, administer oral nifedipine 20 mg; If below threshold, continue to monitor BP closely
4. Repeat BP in 20 minutes
5. If SBP ≥160 or DBP ≥110, give additional round of oral nifedipine 20 mg
6. Repeat BP in 20 minutes
7. If SBP ≥ 160 or DBP ≥ 110, administer IV labetalol 40 mg; If below threshold, continue to monitor BP closely. Obtain emergency consultation from specialist in MFM, internal medicine, anesthesiology, or critical care.
8. Repeat BP in 20 minutes
9. If SBP ≥160 or DBP ≥110, give additional antihypertensive medication per specific order as recommended by specialist
10. Once BP thresholds are achieved, repeat BP:
   - Every 10 minutes for 1 hour
   - Then every 15 minutes for 1 hour
   - Then every 30 minutes for 1 hour
   - Then every hour for 4 hours

* Two severe readings more than 15 minutes and less than 60 minutes apart
5 Oral nifedipine has been associated with an increase in maternal heart rate and may overshoot hypotension.
† Avoid parenteral labetalol with active* asthma, heart disease, or congestive heart failure; use with caution with history of asthma. May cause neonatal bradycardia.
†* "Active asthma" is defined as:
   ◆ symptoms at least once a week, or
   ◆ use of an inhaler, corticosteroids for asthma during the pregnancy, or
   ◆ any history of intubation or hospitalization for asthma.

Safe Motherhood Initiative

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