

## Using self-monitored blood pressure in the postnatal period for intervention group women in the SNAP2 Trial: advice for clinicians.

- **You are receiving this advice because you have a patient in the SNAP2 trial who has been randomised to the Intervention arm: self-monitoring blood pressure using my BP care App.**
- **It is designed to support you for the first weeks of medication adjustment following a hypertensive pregnancy**
- Women developing hypertension after 20 weeks gestation are often off medication by around three months after the pregnancy. Women on hypertensive treatment before pregnancy or before 20 weeks gestation would be expected to be on stable dose by around three months.

### *If on **one antihypertensive medication and medication reduction needed***

- At each reduction step halve the current dose (or if that is difficult due to tablet size, reduce to the dose nearest to half of current). Continue until on lowest dose -then stop.
- If BP is very low (<110/60) you may need to jump two reduction steps or stop the medication.
- If rebound hypertension / palpitations following stopping/reducing beta-blockers (including Labetalol) then go back a step and reduce more slowly.

### *If on **more than one antihypertensive medication and medication reduction needed***

- Reduce doses of one medication at a time.
- For example, first medication to reduce if taking it is Alpha blocker (e.g. Doxazosin) OR (Alpha/) Beta blocker (e.g. metoprolol or labetalol).
- Next to reduce is a calcium antagonist (CCB e.g. nifedipine or amlodipine).
- Last medication to reduce is ACEI or ARB (e.g. enalapril).
- At each reduction step, halve the current dose (or if that is difficult due to tablet size, reduce to the dose nearest to half of current). Continue until on lowest dose- then stop.

### *If **blood pressure raised and medication increase is needed***

For dose increases, in general go up one step (ie double current dose of one medication) and if necessary add a further medication following [NICE Pregnancy Hypertension 2019](#) order:

- First line: ACE inhibitor [enalapril safe in breast feeding] /(Angiotensin Receptor Blocker if not breast feeding); check contraception.
- Second line: Calcium channel blocker (appropriate if renal monitoring difficult).
- Third line (in breast feeding mother): e.g. labetalol or beta blocker or 4<sup>th</sup> line (e.g. doxazosin).