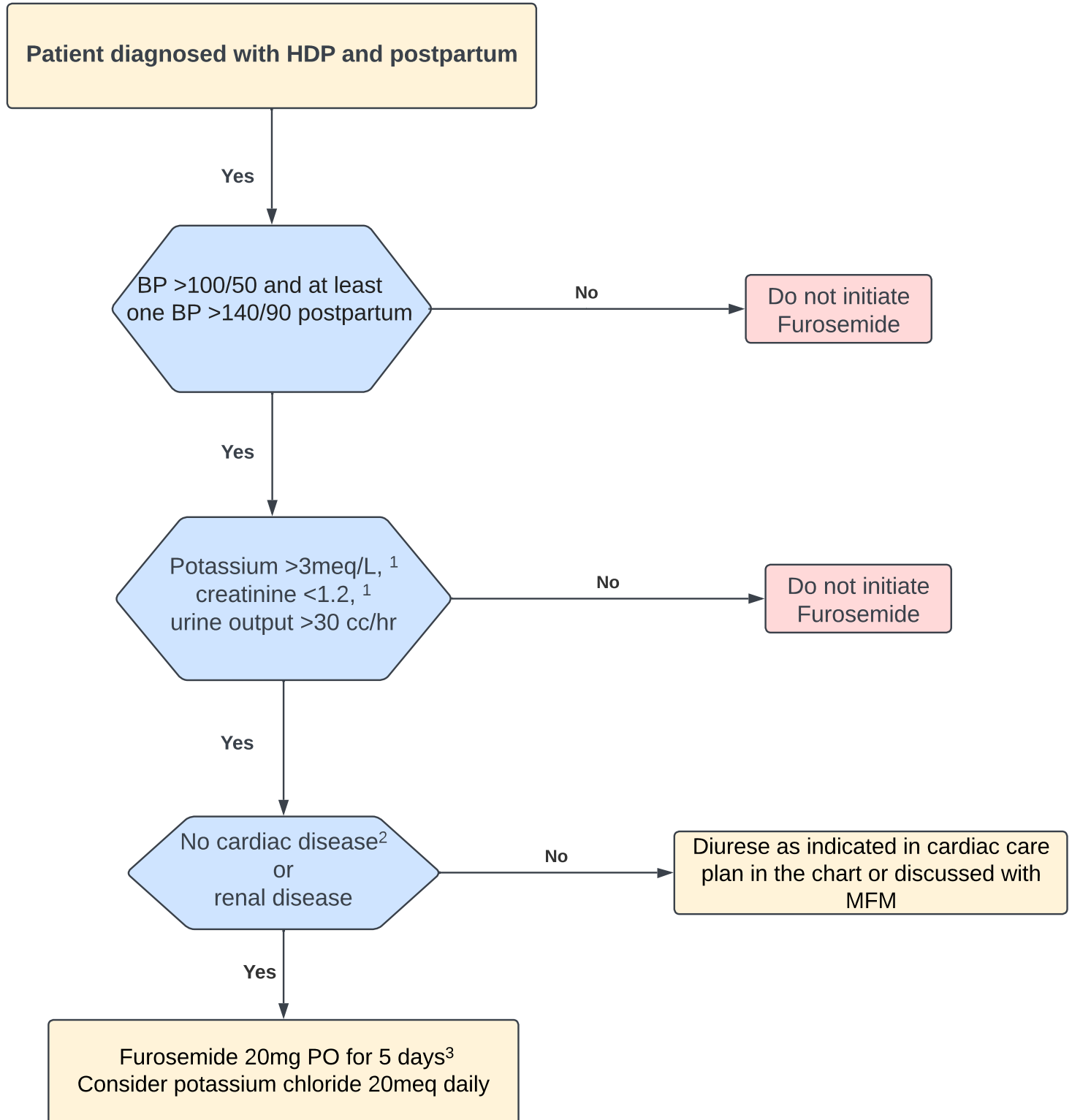


Use of Furosemide in Postpartum Patients with Hypertensive Disorders of Pregnancy (HDP)*

- *defined as gestational hypertension, preeclampsia, chronic hypertension with superimposed preeclampsia with or without severe features
- Please note recommendation to initiate additional antihypertensive medications in the postpartum setting per usual indications (BP>150/100)



¹ Using most recent HELLP labs

² E.g. coronary heart disease, stroke, heart failure, peripheral artery disease, valvular heart disease

³ Other medication titration as indicated for control of blood pressures

Use of Furosemide in Postpartum Patients with Hypertensive Disorders of Pregnancy (HDP)*

*gestational hypertension, preeclampsia, chronic hypertension with superimposed preeclampsia with or without severe features

- BP increases 3-6 days postpartum due to fluid retention and mobilization of large amounts of sodium in the intravascular compartment.¹
- Furosemide has been studied as an agent to accelerate BP recovery in the postpartum period and research shows that it improves blood pressure control during this period.
 - When compared to no furosemide use, furosemide use has shown to be associated with a **significant reduction in HTN at 6–14 days postpartum**.²
 - The prevalence of persistently elevated BP at postpartum day 7 is **60% less** in those that receive furosemide versus placebo.¹
- In addition, the effects of furosemide have been studied beyond this critical period in which **research shows that diastolic blood pressures** at the six-week visit were **lower** in patients who received furosemide compared to those who did not receive it.³
- Although additional antihypertensive medications should be administered in the postpartum setting per usual indications⁴, initiation of furosemide in the immediate postpartum period is warranted to improve BP control and subsequently reduce hospital readmissions.

References

1. Lopes Perdigao, Joana, et al. "Furosemide for accelerated recovery of blood pressure postpartum in women with a hypertensive disorder of pregnancy: a randomized controlled trial." *Hypertension* 77.5 (2021): 1517-1524.
2. Foy, Melissa, and Geralyn O'Reilly. "Implementation of a Postpartum Furosemide Protocol in Patients With Hypertensive Disorders of Pregnancy (HDP)[ID: 1381582]." *Obstetrics & Gynecology* 141.5S (2023): 70S.
3. Patel, Easha, et al. "552 Effect of Oral Furosemide Use on Postpartum Readmissions and Blood Pressure Trends." *American Journal of Obstetrics & Gynecology* 230.1 (2024): S300.
4. American College of Obstetricians and Gynecologists. "ACOG Practice Bulletin No. 203: chronic hypertension in pregnancy." *Obstetrics and gynecology* 133.1 (2019): e26-e50.

These algorithms are designed to assist the primary care provider in the clinical management of a variety of problems that occur during pregnancy. They should not be interpreted as a standard of care, but instead represent guidelines for management. Variation in practices should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities.

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