

# Hypertension in pregnancy: antihypertensive treatment during the postnatal period

## Choice of treatment

- Offer enalapril and monitor maternal renal function and maternal serum potassium.
- For women of black African or Caribbean family origin, consider:
  - nifedipine, or
  - amlodipine, if the woman has previously used this to successfully control her BP.

## Additional treatment

- If BP is not controlled with a single medicine consider a combination of nifedipine (or amlodipine) and enalapril. If this combination is not tolerated or is ineffective, consider either:
  - adding atenolol or labetalol to the combination treatment or
  - swapping one of the medicines already being used for atenolol or labetalol.
- Use medicines that are taken once daily when possible.
- Where possible, avoid using diuretics or angiotensin receptor blockers to treat hypertension in breastfeeding women.

## Advice to women

- Advise women with hypertension who wish to breastfeed that:
  - their treatment can be adapted to accommodate breastfeeding, and that the need to take antihypertensive medication does not prevent them from breastfeeding
  - antihypertensive medicines can pass into breast milk
  - most antihypertensive medicines taken while breastfeeding only lead to very low levels in breast milk, so the amounts taken in by babies are very small and would be unlikely to have any clinical effect
  - most medicines are not tested in pregnant or breastfeeding women, so disclaimers in the manufacturer's information are not because of any specific safety concerns or evidence of harm.
- Make decisions on treatment together with the woman, based on her preferences.
- As antihypertensive agents have the potential to transfer into breast milk:
  - consider monitoring the BP of a baby, especially one born preterm, who has symptoms of low BP
  - when discharged home, advise women to monitor their baby for drowsiness, lethargy, pallor, cold peripheries or poor feeding.



Enalapril and angiotensin receptor blockers: in 2009, the MHRA issued a drug safety update on 'ACE inhibitors and angiotensin II receptor antagonists: recommendations on how to use during breastfeeding' and a subsequent clarification was issued in 2014. This clarification states: 'although ACE inhibitors and angiotensin II receptor antagonists are generally not recommended for use by breastfeeding mothers, they are not absolutely contraindicated. Healthcare professionals may prescribe these medicines during breastfeeding if they consider that this treatment is essential for the lactating mother. In mothers who are breastfeeding older infants, the use of captopril, enalapril, or quinapril may be considered if an ACE inhibitor is necessary for the mother. Careful follow-up of the infant for possible signs of hypotension is recommended.'

Nifedipine: at the time of publication (June 2019), some brands of nifedipine were specifically contraindicated during pregnancy by the manufacturer in its summary of product characteristics (SPC). Refer to the individual SPCs for each preparation of nifedipine for further details.