

Use of antihypertensive medications at discharge and in the immediate postpartum period: observations from a cohort of hypertensive pregnant patients at a Canadian tertiary centre

Kelsey McLaughlin^{1,2,*}, John Kingdom^{1,2}, John Snelgrove^{1,2}

¹Sinai Health System, Toronto, Canada.

²University of Toronto, Toronto, Canada.

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Objective. The postpartum period following a hypertensive disorder of pregnancy is an opportunity to mitigate against future cardiovascular morbidity. The objective of this investigation was to determine antihypertensive use following delivery of a hypertensive pregnancy at a Canadian tertiary maternity referral centre.

Materials and Methods. We conducted a retrospective cohort study of 1,085 pregnant patients with hypertensive disorders of pregnancy that delivered at Mount Sinai Hospital, Toronto, Canada from March 2017 to December 2020. Maternal demographics were collected from the electronic medical records system, as well as maternal, perinatal and pregnancy outcomes.

Results. In this cohort of 1,085 hypertensive pregnant patients, median maternal age was 35 years old (31-38), and 56% of patients were nulliparous. Median gestational age at delivery was

36 weeks (32-38), with median Intergrowth birthweight centile of 30 (8-65). Following delivery, 593 patients (55%) were discharged with an antihypertensive agent, of which 276 patients (25%) were prescribed more than 1 antihypertensive agent. In the immediate postpartum period following discharge, 58 patients presented to our Obstetric triage with hypertension concerns; 25 of these were readmitted to hospital. Patients with early-onset preeclampsia during pregnancy were more likely to be discharged with an antihypertensive agent prescription, be discharged with more than one antihypertensive agent prescription, and present to triage with hypertension concerns postpartum, in comparison to patients with late-onset preeclampsia or gestational hypertension ($p < 0.005$).

Conclusions. These findings illustrate the need for continued specialized cardiovascular care in the postpartum period for patients with a history of early-onset preeclampsia.