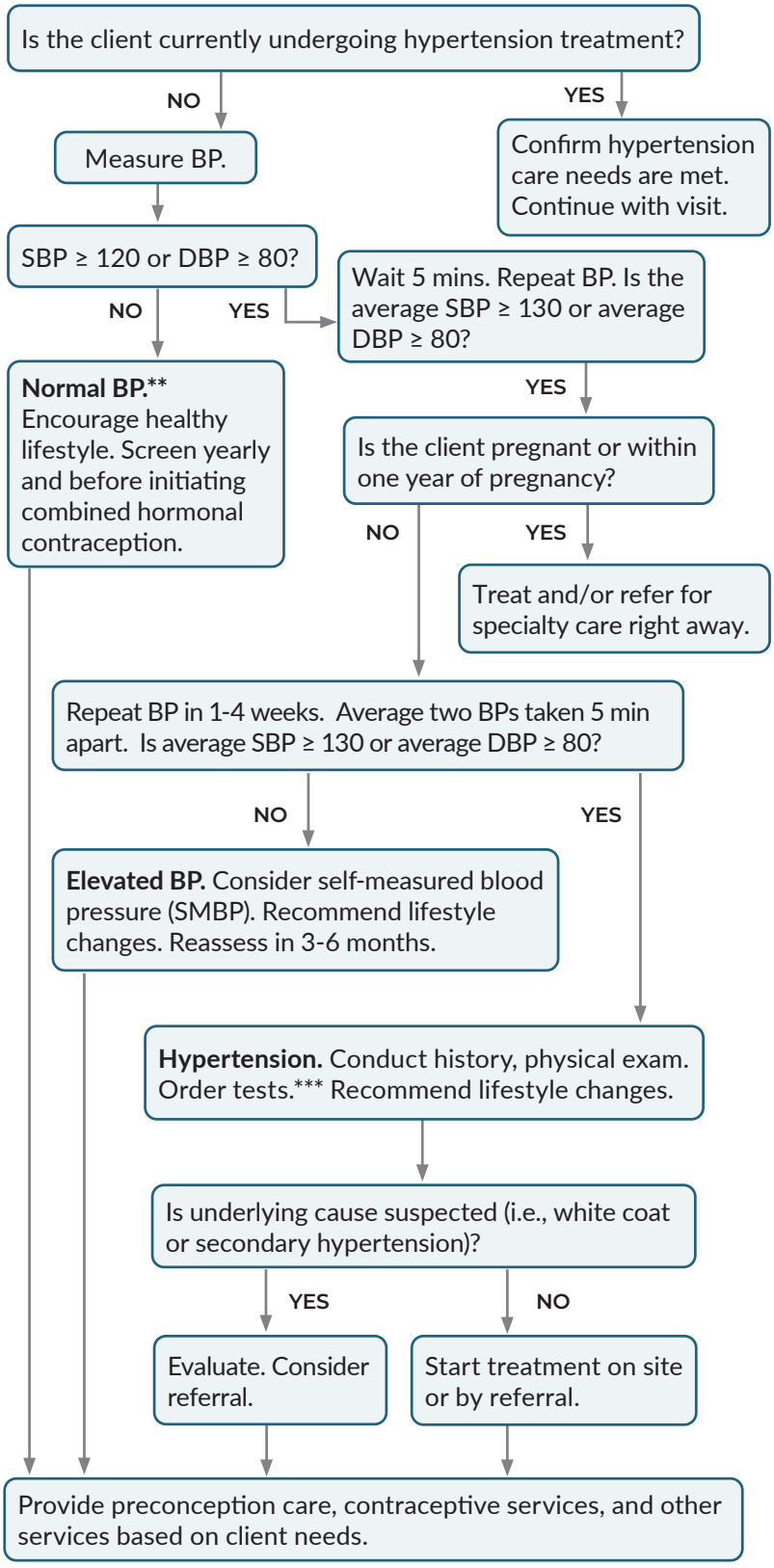
Diagnosing and Managing Hypertension in a Family Planning Setting

Family planning providers can use this algorithm to aid clinical decision making when diagnosing and managing hypertension.* Hypertension is defined as systolic blood pressure (SBP) ≥ 130 mm Hg or diastolic blood pressure (DBP) ≥ 80 mm Hg.

Hypertension Screening and Diagnosis



CONTRACEPTIVE SERVICES AND BLOOD PRESSURE

1. Screen for hypertension before initiating combined hormonal contraception (CHC) and screen all CHC users at routine visits.
2. Consider the client's BP and other characteristics and conditions to determine the contraceptive options for which they are medically eligible. Consult the *U.S. Medical Eligibility Criteria for Contraceptive Use.*†
3. Counsel clients not seeking pregnancy on the range of contraceptive options for which they are medically eligible.

PRECONCEPTION SERVICES AND BLOOD PRESSURE††

1. Review medical history to identify hypertensive disorders and other risks.
2. Identify antihypertensive and other medications contraindicated in pregnancy.
3. Screen for hypertension at all visits.
4. Manage or refer for hypertension and other conditions that may affect pregnancy. Consider using antihypertensive medications accepted as safe in pregnancy: nifedipine, labetalol, and/or methyldopa.†††
5. Advise clients with hypertension to contact their provider immediately if they become pregnant.
6. Encourage healthy living habits.

*This tool is informational only and not a substitute for clinical judgment. Pregnant and postpartum clients warrant special consideration.

**In clients with target organ damage, consider using SMBP to identify if they have masked hypertension.

***Baseline tests include CBC, CMP, lipids, TSH, UA, and EKG.

† Curtis, K.M., et al. U.S. Medical Eligibility Criteria for Contraceptive Use. (2016). *MMWR.*

†† ACOG Committee Opinion No. 762: Prepregnancy Counseling. (2019). *Obstetrics & Gynecology.*

††† ACOG Practice Bulletin No. 202: Gestational Hypertension and Preeclampsia. (2019). *Obstetrics & Gynecology.*

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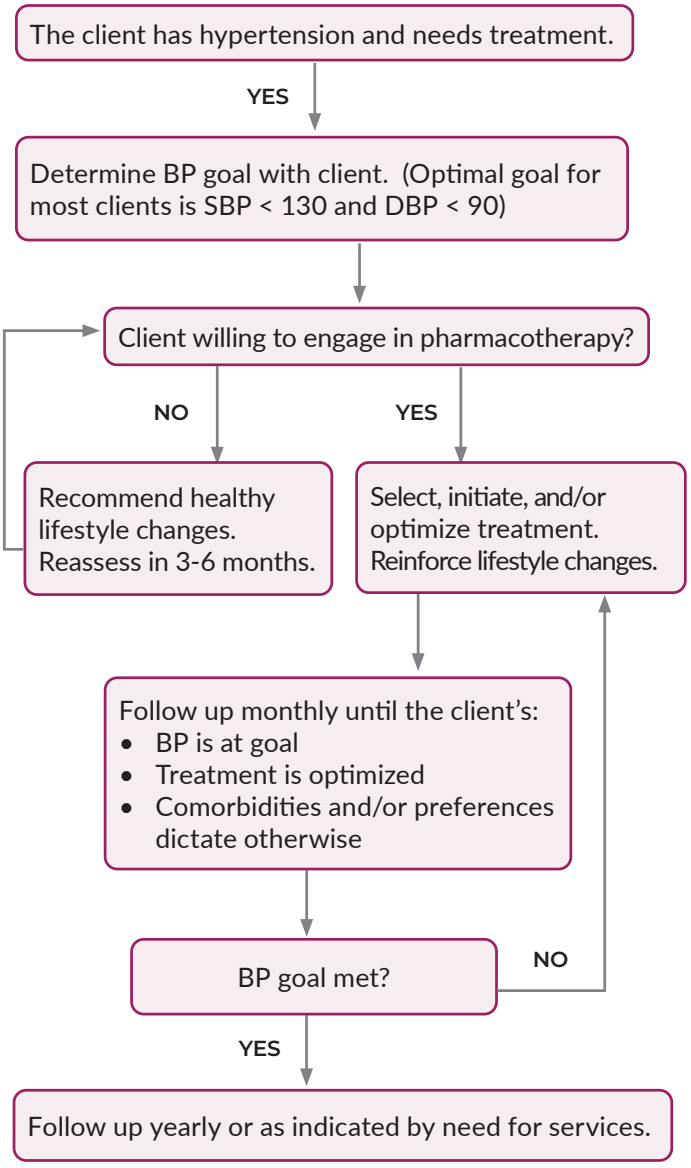
Treating Hypertension



U.S. Medical Eligibility Criteria Recommendations for Contraceptive Use in Women With Hypertension[†]

Condition	Cu-IUD	LNG-IUS	Implant	DMPA	POP	CHC
Adequately controlled hypertension	1	1	1	2	1	3
SBP 140–159 or DBP 90–99	1	1	1	2	1	3
SBP ≥ 160 or DBP ≥ 100	1	2	2	3	2	4
Vascular disease	1	2	2	3	2	4

1 - No restrictions (method can be used); **2** - Advantages generally outweigh theoretical or proven risks; **3** - Theoretical or proven risks usually outweigh the advantages; **4** - Unacceptable health risk (method should not be used).

OPTIMIZE HYPERTENSION TREATMENT

1. Assess the client's adherence to treatment plans and reinforce lifestyle changes.
2. Help clients monitor self-measured blood pressure (SMBP), if possible.
3. Evaluate for substances that may interfere with hypertension treatment (e.g., prescription drugs, non-steroidal anti-inflammatory drugs, alcohol, and recreational drugs) and remove, replace, or adjust them, if possible.
4. Adjust hypertension treatment (e.g., titrate initial drug and/or add another agent from a different class), if needed.
5. For African-American clients, use of ACEIs or ARBs as monotherapy is not recommended; initial treatment should include a thiazide diuretic or CCB.
6. Consider referring the client for specialty services.

SELECT AND INITIATE PHARMACOLOGICAL THERAPY TO TREAT HYPERTENSION

For the general population, recommend one or more of the following:[^]

Thiazide-type diuretic	chlorthalidone	12.5–25 mg daily
	hydrochlorothiazide	25–50 mg daily
Angiotensin-converting enzyme inhibitor (ACEI)[^^]	lisinopril	10–40 mg daily
Angiotensin receptor blocker (ARB)[^^]	losartan	25–100 mg/day (daily or divided 2x/daily)
	valsartan	30–320 mg daily
Long-acting calcium channel blocker (CCB): Dihydropyridine (DHP) CCB	amlodipine	2.5–10 mg daily
	nifedipine sustained release (SR)	30–120 mg daily
Long-acting CCB: Non-DHP CCB	verapamil SR	120–480 mg/day (daily or divided 2x/daily)
	diltiazem SR	120–540 mg daily

[^]This tool does not include all the information needed to safely and effectively use these medications. For complete drug information, review the manufacturer's prescribing information.
[^^]Simultaneous use of an ACEI, ARB, and/or renin inhibitor is potentially harmful and is not recommended.

This tool was adapted from: Veterans Affairs/Department of Defense Clinical Practice Guidelines. (2020). *The Diagnosis and Management of Hypertension in the Primary Care Setting.*
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