

ON TREATMENT COLOUR CHART

ON ANTIHYPERTENSIVE TREATMENT ADVICE FOR CLINICIANS (daily BP readings)

| Colour | Level | BP mmHg | Clinician Action |
|---------|-------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| Red* | Very high | Sys 160 or more OR Dia 110 or more OR Symptoms [£] | Consider need for re-admission or urgent up-titration of medication on same day (discuss with local Maternity Unit or obstetrician on call) |
| Orange* | High | Sys 150-159 OR Dia 100-109 | This level of blood pressure requires up-titration of medication within 24 hours |
| Yellow | Raised | Sys 140-149 OR Dia 90-99 | This level of raised BP for a week (rolling average) usually requires up-titration of medication |
| Green | High normal | Sys 130-139 OR Dia 80-89 | This is normal blood pressure on treatment |
| Blue | Low normal | Sys 100-129 AND Dia < 80 | This level of blood pressure for 2 days or more in a row usually requires down-titration of medication within 24 hours |
| Purple* | Low | Sys < 100 AND Dia < 80 | This level of blood pressure on treatment requires down-titration of medication on the same day |

*These high or low reading will trigger repeated measurement: initially 2 readings, if second is very high/high/low then they will be asked to do a 3rd reading to confirm. Clinical action based on the 3rd reading or most recent reading if less than expected received.

£ Symptoms of headache, blurred vision, pain below ribs, vomiting (ie pre-eclampsia type symptoms which can still happen postnatally, particularly in the first few days)

Medication reduction as BP reduces following the end of pregnancy:

- Whilst on treatment, **two consecutive readings in the blue range (100-129/<80 mmHg)** happening at least 12 hours apart and no more than 36 hours apart will trigger a request for medication reduction (down a step on the drug ladder). **If the clinician agrees and decides to reduce the medication**, then two further days in the blue range in a row, following the rules above, are needed before a further reduction.
- **A purple reading on treatment (BP<100/80 mmHg)** means the woman needs her medication to be reduced urgently (she is likely feeling dizzy etc) and she will be asked to contact her clinician for an urgent on the day response.

Raised readings and increasing antihypertensive medication:

- **A red reading (≥160/110 mmHg or symptoms) that persists on third measurement triggers the participant to urgently contact their local maternity unit (first 2 weeks)/primary care clinician (thereafter).** She may need an urgent medication increase or re-admission (especially in the first 2 weeks following the end of her pregnancy).

- **An orange reading (150-159/100-109mmHg) that persists after a third measurement 5 minutes after the second on a single day** requires the participant to contact their clinician (midwife, obstetrician or GP) that day to consider an increase of medication (up one or two steps).
- **A yellow reading** averaged over 7 days (140-149/90-99 mmHg) means that the woman's blood pressure has been raised for a week and usually requires medication increase (up a step). The participant will be asked to make an appointment to discuss with her clinician within 48 hours.

Normal Readings

- A green reading (130-139/80-89 mmHg) is normal and simply leads to ongoing daily monitoring. If green after a blue reading, this re-sets the blue counter back to zero and again two blue days in a row are needed for a medication reduction.
- **Once consistently in green range (130-139/80-89 mmHg) for a week off treatment or on stable treatment, the app will suggest changing to once per week readings. Stable treatment is defined as in the green range for 1 week consistently without any change in blood pressure either up or down, provided the woman is at least 3 weeks following the end of pregnancy.**