# EVIDENCE-BASED PRACTICE RECOMMENDATIONS

## Postpartum Emergencies: Headache, Hypertension, Eclampsia, And Cardiomyopathy

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*This issue of Emergency Medicine Practice focuses on the most commonly encountered postpartum emergencies: headache, LPPE, hypertension, and cardiomyopathy. For a more detailed discussion of this topic, including figures and tables, clinical pathways, and other considerations not noted here, please see the complete issue on the EB Medicine website at [www.ebmedicine.net/topics](http://www.ebmedicine.net/topics).*

<table>
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<th>Key Points</th>
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<tr>
<td>Peripartum cardiomyopathy (PPCM) is a rare form of heart failure that occurs in the last month of pregnancy or within 5 months of delivery.</td>
<td>PPCM should be considered in the differential diagnosis of the postpartum patient with new onset of dyspnea.⁸,⁹</td>
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<td>Late postpartum eclampsia (LPPE) now comprises 13% to 16% of all cases of eclampsia.</td>
<td>LPPE should be suspected in symptomatic women with elevated blood pressure and/or proteinuria.¹⁴-¹⁶</td>
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<td>Patients with preeclampsia or LPPE may have none or only one of the symptoms of headache, nausea, visual disturbances, and abdominal pain.</td>
<td>There should be a high index of suspicion of preeclampsia for any postpartum patient with symptoms, elevated blood pressure, or proteinuria.¹⁴,¹⁸</td>
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<td>The HELLP syndrome includes Hemolysis with a microangiopathic blood smear, Elevated Liver enzymes (lactate dehydrogenase [LDH] and aspartate aminotransferase [AST]), and a Low Platelet count, and occurs late post partum.</td>
<td>Complete blood count, renal, and liver function tests are part of the laboratory evaluation of the postpartum patient.³²</td>
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<td>Headache is a common postpartum complaint with a broad differential that includes several serious conditions.</td>
<td>Preeclampsia and vascular emergencies, though rare, should be in the differential diagnosis.⁴⁹</td>
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<td>Blood patch relieves the symptoms of postdural puncture or spinal headache.</td>
<td>Blood patch is a successful treatment in 96% to 98% of patients with postdural puncture or spinal headache.⁵²</td>
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<td>Treatment of uncomplicated postpartum hypertension should be based on the physician’s judgment and familiarity with the antihypertensive medication.</td>
<td>While stroke is a significant cause of perinatal mortality, there are no reliable data on the efficacy of drug therapy in reducing risk.⁵⁵</td>
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<td>Magnesium is the recommended treatment for the postpartum preeclampsia and LPPE.</td>
<td>Although no studies have specifically been done using magnesium in LPPE, it is commonly used for treatment post partum.⁶⁷,⁶⁸</td>
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See reverse side for reference citations.

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REFERENCES

These references are excerpted from the original manuscript. For additional references and information on this topic, see the full text article at ebmedicine.net.


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