5.4 Medication Choices (20 min)

Lecture
Please watch the third part of the lecture on chronic hypertension and superimposed preeclampsia by Dr. Diana Wolfe (Assistant Professor in the Department of Obstetrics & Gynecology and Women’s health, Division of Maternal Fetal Medicine at Albert Einstein College of Medicine). Before you continue with watching the next part of the lecture, please take a moment to think about the following question: Why shouldn’t you use Diuretics in preeclampsia or IUGR? Please take another moment to think of ways you can monitor the fetal well-being in your own setting. After this, you can continue with watching the last part of this lecture below.

Overview
Below you can find the overview of medications as presented in the lecture.
Discussion
Methyldopa, Labetalol and Nifedipine are the best choices for treatment of hypertension in pregnant women. Methyldopa is the only drug whose safety for infants has been demonstrated in long-range follow-up assessments. However, Dr. Wolfe pointed out that the choice of medication is depending on the drugs available.
We would like to discuss what medications you prescribe for patients with hypertension in pregnancy. Please add a topic in the discussion forum below. Write down what is commonly used as an anti-hypertensive drug in your hospital, including dosage. Discuss the pros and cons of this drug. Why is it the drug of choice in your hospital?