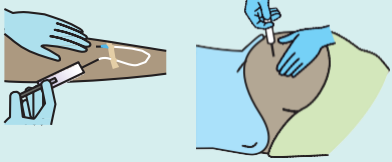
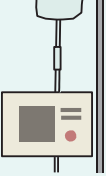








Helping Mothers and Babies Survive *Pre-Eclampsia & Eclampsia Medication Table*

Medication	Dose	Continuation	Max Dose	Comments
Magnesium Sulfate (MgSO₄) Anticonvulsant Treatment for Women with Severe Pre-eclampsia or Eclampsia				
MgSO₄ (Pritchard regimen) 	4g 20% solution IV AND 10g 50% solution IM (5g in each buttock with lignocaine)	Repeat q 4 hours: 5g 50% solution IM in alternative buttocks with lignocaine	Continue for 24 hours after birth, or last convulsion – whichever occurs last.	If convulsions recur after 15 minutes, give 2g MgSO ₄ 20% IV. Monitor for toxicity hourly. Withhold if any signs of toxicity.
MgSO₄ (Zuspan regimen) 	4 g 20% solution IV infusion over 5 – 20 minutes.	1 g/ hour IV infusion	Continue for 24 hours after birth, or last convulsion (whichever occurs last).	Monitor for toxicity hourly. Withhold if any signs of toxicity.
Antihypertensive Medications to Treat Severe Hypertension				
Hydralazine IV 	5 mg IV, slowly	Repeat q 5 min until target BP reached Repeat hourly as needed, or give 12.5 mg IM q 2 hours as needed	20 mg/ 24 hours	
Labetalol PO 	200 mg PO	Repeat after 1 hour until target BP reached	1200 mg/ 24 hours	Do not give to women with congestive heart failure, hypovolemic shock, or asthma.
Labetalol IV 	10 mg IV	If inadequate response after 10 min, give 20 mg IV Can double dose to 40 mg, then 80 mg (wait 10-min between doses) until target BP is reached	300 mg, then switch to oral	Do not give to women with congestive heart failure, hypovolemic shock, or asthma.
Nifedipine immediate-release caps PO 	5 – 10 mg PO	If inadequate response after 30 min, repeat dose until target BP is reached	30 mg	Consider other agents if BP not lowered within 90 min.
Alpha methyldopa PO 	750 mg PO	Repeat after 3 hours until target BP is reached	3 g/ 24 hours	
Antenatal Corticosteroid Treatment for Preterm Birth				
Dexamethasone IM 	12 mg IM	Repeat after 24 hours. Give a single, repeat course if preterm birth does not occur 7 days, the woman is < 34 weeks, and the risk of preterm birth persists.	24mg/24hours	Never give more than two courses. Do NOT give if you cannot confirm the GA is < 34 weeks. Do NOT give if you think the woman may have an infection, or the preterm infant cannot receive adequate care if needed.