

You have been discharged from hospital with high blood pressure (hypertension) following delivery.

Your blood pressure medication(s) is/are _____

Take _____ (dose) _____ times per day.

Take _____ (dose) _____ times per day.

Take _____ (dose) _____ times per day.

Please get your blood pressure checked _____ time(s) per week and record it on the back of this booklet.

Contact your LMC or GP if you have any of the following symptoms:

- Headache
- Visual disturbance
- Upper abdominal pain
- Dizziness
- Blood Pressure more than 160/100.

Once your blood pressure is less than 120/80, follow the advice to start weaning your medication(s).

Avoid sudden stopping of your medication(s) as this can cause rebound hypertension (sudden increase in your blood pressure).

Instructions for reducing your dose (once BP is less than 120/80):

Medication: _____

Number of tablets (dose): _____

Number of times per day: _____

Instructions for Reducing Dose:

Date Stopped: _____

Medication: _____

Number of tablets (dose): _____

Number of times per day: _____

Instructions for Reducing Dose:

Date Stopped: _____

Medication: _____

Number of tablets (dose): _____

Number of times per day: _____

Instructions for Reducing Dose:

Date Stopped: _____