### Blood Pressure Chart

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<th>Date</th>
<th>BP</th>
<th>Comments</th>
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If you or your Lead Maternity Carer would like to speak to a physician for advice, phone (09) 307 4949 and ask the operator to put you through to ___________________________ or the obstetric physician on call.

You will need to arrange a follow up visit with your GP at, or before six weeks postpartum.
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.

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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:  ____________________________
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