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Evidence Summary for Breastfeeding in Postpartum Women with Hypertensive Disorders of Pregnancy

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Abstract: To systematically retrieve, extract, and synthesize the best available evidence on breastfeeding in the postpartum period for women with hypertensive disorders of pregnancy (HDP), and to provide an evidence-based foundation for clinical decision-making and interventions regarding postpartum breastfeeding in HDP patients. Based on the "6S" evidence model, a systematic search was conducted across domestic and international computerized decision support systems, guideline websites, databases, and professional association websites for evidence related to postpartum breastfeeding in HDP patients, including guidelines, evidence summaries, clinical decisions, expert consensus, and systematic reviews. The search period spanned from the inception of the databases to March 2025. A total of 12 articles were included, comprising 5 guidelines, 1 meta-analysis, 1 evidence summary, 3 randomized controlled trials, and 2 quasi-experimental studies. Through discussion among the two researchers, 19 relevant pieces of evidence were synthesized across six aspects: breastfeeding practices, recommendations for postpartum medication use, postpartum follow-up and screening, labor and delivery care, lifestyle interventions, and postpartum monitoring. This study provides a comprehensive summary of the best available evidence on postpartum breastfeeding for HDP patients, offering an evidence-based foundation for targeted clinical application.

Keywords: Hypertensive Disorders of Pregnancy; Breastfeeding; Postpartum; Evidence Summary; Obstetric Nursing.

1. Introduction

Hypertensive Disorders of Pregnancy (HDP) are common gestational complications with an increasing incidence, with an average prevalence of approximately 7.6% in China[1, 2].This disease is not only a major cause of convulsions, coma, multiple organ dysfunction, and even death in pregnant women globally[3], but also increases the risk of adverse perinatal outcomes such as preterm birth and low birth weight[4].HDP significantly elevates the long-term cardiovascular disease burden in postpartum women, with cohort studies showing that their lifetime risk of developing circulatory system diseases such as hypertension, stroke, and heart failure is 2-3 times higher than that of normal postpartum women[5-9]. The World Health Organization (WHO) strongly recommends exclusive breastfeeding for newborns within the first 6 months of life [10, 11]. For HDP postpartum women, breastfeeding not only benefits neonatal health but may also help control postpartum blood pressure and reduce the risk of future cardiovascular diseases [12-14].

However, HDP itself and the accompanying physical and mental stress (such as anxiety and depression)[15-17] often cause women to face challenges such as delayed lactation, insufficient milk secretion, feeding pain, reduced confidence, and even mother-infant separation[18, 19],significantly hindering breastfeeding willingness and practice, and increasing the risk of discontinuation[20].Despite the crucial importance of breastfeeding for both HDP mothers and infants, current clinical practice often focuses on disease treatment[21], with generally insufficient professional support for breastfeeding[22-25].Although policies to encourage breastfeeding are increasingly popular, and some support measures (such as psychological counseling and skill guidance) have shown to improve feeding success rates[13, 26, 27], a systematic, evidence-based breastfeeding management program specifically for HDP women is still lacking globally[8].

Overall, existing evidence has revealed the special challenges and importance of breastfeeding in HDP women, and has preliminarily explored effective support measures, but a standardized management program that integrates the best evidence, covers the entire perinatal period, and can be widely promoted is still lacking. This study aims to summarize the best evidence on postpartum breastfeeding for HDP patients at home and abroad, in order to provide evidence-based support for breastfeeding management after HDP.

2. Materials and Methods

2.1. Formulation of the Research Question

The clinical question was transformed into a structured PIPOST evidence implementation question: "How to manage breastfeeding in postpartum women with hypertensive disorders of pregnancy?"[28]. The target population (P) for evidence application is patients diagnosed with gestational hypertension; the intervention (I) includes all measures related to postpartum breastfeeding in gestational hypertension; the implementers (P) of evidence application are clinical obstetric medical staff; the primary outcome (O) is the exclusive breastfeeding rate (in-hospital, 42 days, 6 months, 1 year) and overall breastfeeding duration, with the secondary outcome being the occurrence of postpartum hypertension; the setting (S) for evidence application is hospitals, families, and communities; the type of evidence (T) includes clinically published decisions, clinical practice guidelines, evidence summaries, systematic reviews, recommended practices, expert consensus, systematic reviews, and randomized controlled trials (RCTs) in Chinese and English.

2.2. Literature Search Strategy

Evidence search was conducted based on the "6S" pyramid evidence model[29]. Guideline websites included the National Guideline Clearinghouse (NGC), Clinical Practice Guidelines Database (CPG) of the Canadian Medical Association, Guidelines International Network (GIN), and Joanna Briggs Institute Library (JBI). Professional association websites included the World Health Organization (WHO) website, Registered Nurses' Association of Ontario (RNAO), American College of Obstetricians and Gynecologists (ACOG), and Society of Obstetricians and Gynecologists of Canada (SOGC). Databases included Cochrane Library, Campbell Collaboration, PubMed, Embase, CINAHL, Web of Science, Chinese Biomedical Literature Database, China National Knowledge Infrastructure (CNKI), Wanfang Database, and VIP Database. Computerized decision systems included UpToDate and BMJ Best Practice. Search terms included “breastfeeding /feeding/ lactation / suckling /feed” “Maternal Hypertension /Hypertension in pregnancy /hypertension /hypertension disorders of pregnancy/ hypertensive disorders of pregnancy/ preeclampsia/ pregnancy with chronic hypertension” “guideline/evidence summary/consensus/Meta-analysis/ systematic review/clinical decision”

References of included literatures were manually searched, and the search period was from the establishment of the database to April 16, 2025.

Taking PubMed as an example, the specific search formula was: (breastfeeding[MeSH]/ feeding［Ti/Ab］/breast milk［Ti/Ab］/ feed［Ti/Ab］) AND (hypertension during pregnancy [MeSH]/hypertensive disorders of pregnancy ［Ti/Ab］/ preeclampsia［Ti/Ab］/pregnancy with chronic hypertension ［Ti/Ab］) AND (guideline[MeSH]/evidence summary［Ti/Ab］ /consensus[MeSH]/ Meta analysis [MeSH]/ systematic review［Ti/Ab］/clinical decision[MeSH]).

2.3. Inclusion and Exclusion Criteria

Inclusion criteria: Studies involving HDP patients; research content related to postpartum breastfeeding measures for HDP patients; literature types including guidelines, evidence summaries, clinical decisions, best practices, systematic reviews, expert consensus, and randomized controlled trials; published in Chinese or English.

Exclusion criteria: Guideline interpretations, translated versions, or evaluation literatures; full texts unavailable; duplicate publications.

2.4. Literature Quality Assessment Criteria

Different tools were used to systematically evaluate the quality of literatures according to their types. Included guidelines were evaluated using AGREE II[30], which includes 6 domains. The final score of each domain needs to be expressed as a standardized percentage of the total score, calculated as: Standardized percentage = [(actual score - minimum possible score) / (maximum possible score - minimum possible score)] × 100%. Each domain score is independent, and a higher percentage indicates a higher quality of the guideline domain. The recommendation level was selected based on the total score of each domain.

The quality of systematic reviews was evaluated using the 2016 systematic review validity evaluation tool developed by the Joanna Briggs Institute (JBI) for Evidence-Based Healthcare in Australia[31]. The quality of case-control studies was evaluated using the 2016 case-control study validity evaluation tool developed by JBI[32]. The quality evaluation of evidence summaries was determined based on the original literatures[33], and appropriate evaluation criteria were selected according to the types of original literatures.

2.5. Literature Quality Assessment Process

All literatures were independently evaluated by two researchers who had received systematic evidence-based training. In case of disagreement, a third researcher participated in the discussion to reach a consensus on literature evaluation and screening. The three researchers were all nursing master's students who had completed the "Evidence-Based Nursing" course and received evidence-based methodology training.

2.6. Evidence Extraction and Summarization

Two research team members read each literature item by item, extracted the evidence item by item, and a third researcher checked, classified, and summarized it. The included contents were: theme, author, publication time, literature type, literature source, postpartum management measures, etc. When evidence from different sources conflicted, this study followed the principle of prioritizing high-quality evidence and the latest published authoritative literature.

2.7. Evidence Grading

This study used the evidence grading system of the JBI Evidence-Based Nursing Center to classify the evidence level, and graded the evidence from different sources according to the types of original literatures included in generating the best evidence.

3. Results

3.1. Literature Search Results and Basic Characteristics of Included Literatures

A total of 1559 literatures were obtained through preliminary search, and 1531 literatures were obtained after excluding duplicate literatures. After reading the titles and abstracts, 77 literatures were obtained. Finally, 65 literatures were excluded after reading the full text, including 28 with inconsistent research types, 19 with inconsistent research contents, 9 unrelated to the theme, 3 with inconsistent research populations, 3 with inconsistent outcome indicators, 1 with repeated research contents, and 2 non-Chinese/English literatures. A total of 12 literatures were finally included, including 5 guidelines[34-38],1 systematic review [39],1 evidence summary[40],3 randomized controlled studies[41-43] , and 2 quasi-experimental studies[44, 45] .The basic characteristics of the included literatures are shown in Table 1.

3.2. Quality Assessment Results of Included Literatures

3.2.1. Quality Assessment Results of Guidelines

A total of 5 guidelines were included, among which 4 were recommended at level A and 1 at level B. The specific results are shown in Table 2.

3.2.2. Quality Assessment Results of Systematic Reviews

A total of 1 systematic review was included, all items were evaluated as "yes", with high overall quality, and was approved for inclusion.

3.2.3. Quality Assessment Results of Case-Control Studies

A total of 5 case-control studies were included, all with high overall quality, and the specific results are shown in Table 3.

Table 1. Basic characteristics of included literature(n=12)

Included literature	Literature sources	Type of evidence	Topic	Year
Society of Obstetric Medicine Australia and New Zealand [34]	Society of Obstetric Medicine Australia and New Zealand website	Guideline	Guidelines for the management of hypertension in pregnancy	2023
Registered Nurses'Association of Ontario[35]	Registered Nurses' Association of Ontario website	Guideline	Guidelines for promoting and supporting breastfeeding in women with hypertension in pregnancy	2018
National Institute for Health and Care Excellence[36]	National Institute for Health and Care Excellence website	Guideline	Diagnosis and management of hypertension in pregnancy	2019
International Society for the Study of Hypertension in Pregnancy[37]	International Society for the Study of Hypertension in Pregnancy website	Guideline	Guidelines for the management of hypertension in pregnancy	2022
World Health Organization[38]	WHO	Guideline	Guidelines on intrapartum and postnatal care	2015
Guangbo Qu et al.[39]	PubMed	Systematic review	The association between breastfeeding duration and maternal hypertension	2017
Rozeta Sokou et al.[40]	PubMed	Evidence summary	Existing evidence on breastfeeding in chronic diseases	2023
Wang Bin[41]	Wanfang	RCT	Clinical nursing interventions for breastfeeding in women with hypertension in pregnancy	2023
Wu Lifen et al. [42]	Sinomed	RCT	Nursing models for breastfeeding in women with hypertension in pregnancy	2023
Paulino Vigil-De Gracia et al.[43]	Embase	RCT	Postpartum drug clinical trials in women with hypertension in pregnancy	2017
Sun Qi [44]	Wanfang	Quasi-experiment	Clinical nursing interventions for breastfeeding in women with pregnancy complications and hypertension	2020
Xiao Yuanyuan[45]	Sinomed	Quasi-experiment	The impact of clinical nursing pathways on breastfeeding in women with hypertension in pregnancy 2020	2020

Table 2. Results of the quality evaluation of the guidelines(n=5)

Included Literature	Standardized score for each field (%)						Overall Quality	Number of fields with ≥60% (one)	≤30% of the number of areas (one)	Recommendation level
	Scope purpose	Participants	Rigor	Clarity	Applicability	Independence				
Society of Obstetric Medicine of Australia and New Zealand[34]	94.44	83.33	96.29	75.00	90.00	100.00	6	6	6	A
Registered Nurses' Association of Ontario[35]	77.77	72.22	81.48	66.66	66.66	100.00	6	6	6	A
National Institute for Health and Care Excellence[36]	94.44	66.66	83.33	79.16	58.33	75.00	5	5	6	B
International Society for the Study of Hypertension in Pregnancy[37]	100.00	91.66	100.00	93.75	100.00	100.00	7	6	6	A
World Health Organization[38]	100.00	83.33	87.96	87.50	75.00	83.33	6	6	6	A

Table 3. Evaluation results of case-control studies (n=5)

Included Literature	Items										Overall
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	Quality
Wang Bin[41]	Yes	Yes	Yes	Unclear	Yes	No	No	Yes	Yes	Yes	High
Wu Lifen et al. [42]	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes	Yes	High
Paulino Vigil-De Gracia[43]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	High
Sun Qi [44]	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	High
Xiao Yuanyuan[45]	Yes	No	Yes	Yes	Yes	No	No	Yes	Yes	Yes	High

Note: (1) Whether other factors between the case group and the control group are comparable except for the disease; (2) Whether the matching of the case group and the control group is appropriate; (3) Whether the same criteria are used to recruit the case group and the control group; (4) Whether standard, effective, and reliable methods are used to measure exposure factors; (5) Whether the same methods are used to measure exposure factors in the case group and the control group; (6) Whether confounding factors are considered; (7) Whether measures are taken to control confounding factors; (8) Whether standard, effective, and reliable methods are used to measure outcome indicators; (9) Whether the exposure time is long enough; (10) Whether the data analysis method is appropriate.

3.3. Evidence Summarization

After literature analysis, evidence extraction, and summarization, this study finally included 19 pieces of evidence, involving six aspects: breastfeeding guidance, recommendations for postpartum medication use, postpartum follow-up and screening, delivery care, lifestyle interventions, and postpartum monitoring, as shown in Table 4.

4. Discussion

4.1. Encouraging Breastfeeding in HDP Patients and Providing Comprehensive Support

Evidence items 1-10 summarize the specific contents of breastfeeding in HDP patients. Breastfeeding is not only crucial for neonatal growth and development but also helps HDP patients recover postpartum and reduces the risk of future cardiovascular diseases. The evidence summarized in this study recommends breastfeeding for HDP patients and encourages continuation for at least 12 months, which is consistent with the WHO recommendations on breastfeeding. However, HDP patients may face many challenges during breastfeeding, such as delayed lactation and insufficient milk secretion. Therefore, clinical practice should strengthen health education on breastfeeding for HDP patients, establish a multidisciplinary team led by nursing staff, provide breastfeeding benefits, knowledge, and lactation support for HDP patients, promote the recovery of glucose metabolism in HDP patients, and improve the breastfeeding rate of HDP patients.

Table 4. Evidence Summary for Postpartum Breastfeeding in Hypertensive Disorders of Pregnancy

Project	Evidence Content	Evidence Level	Recommendation Strength
Breastfeeding Guidance	1. It is recommended to start breastfeeding 6 hours after postpartum magnesium sulfate use [43].	1c	A
	2. Breastfeeding is explicitly recommended for HDP patients [37].	5b	A
	3. HDP patients are encouraged to continue breastfeeding for at least 12 months [39].	3a	A
	4. It is suggested to inform about the potential protective effect of breastfeeding on cardiovascular health [39].	3a	B
	5. It is recommended to provide support for the use of breast pumps and prioritize early mother-infant contact to promote lactation [40].	3a	B
	6. It is advised to avoid in-hospital formula supplementation except for medical indications [35].	5b	A
	7. It is recommended to implement breastfeeding management measures for HDP patients, including explaining the benefits of breastfeeding for mothers and infants, the relationship between emotions and milk secretion, breast care, and breastfeeding skill training [41].	1c	A
	8. It is suggested to inform how to promote physical lactation through diet; if milk leakage occurs, clean the breasts in time, change clothes, or wear clothes with good water absorption to ensure breast cleanliness [44].	2c	A
	9. It is recommended to record and observe daily weight, diet, lactation status, blood pressure changes, and sleep after childbirth [45].	2c	B
	10. When postpartum women have severe hypertension (diastolic blood pressure ≥110 mmHg) during lactation, it is recommended to use appropriate antihypertensive drugs for treatment while continuing breastfeeding [38].	5b	A
Recommendations for Postpartum Medication Use	11. For pregnant women with gestational hypertension who received less than 8 hours of prenatal magnesium sulfate treatment, it is recommended to use magnesium sulfate for 6 hours postpartum [37].	5b	A
	12. If postpartum antihypertensive treatment needs to continue, most antihypertensive drugs can be used during lactation (such as labetalol, nifedipine, β-blockers, ACEI(ACEIs) like captopril and enalapril, etc.) [37].	5b	A
	13. Maternal renal function and serum potassium should be monitored when continuing medication postpartum [38].	5b	A
	14. If non-steroidal anti-inflammatory drugs (NSAIDs) are used for postpartum pain relief, short-term use is recommended when blood pressure can be closely monitored during hospitalization [34].	5b	A
Postpartum Follow-up and Screening	15. If antihypertensive drugs were used before childbirth, they should be continued postpartum, with a recommended target diastolic blood pressure of 85 mmHg [37].	5b	A
Delivery Care	16. It is recommended to perform skin-to-skin contact immediately after delivery to enhance the mother's breastfeeding confidence and sense of mastery of breastfeeding [35].	5b	A
	17. It is suggested to pay attention to the changes in the postpartum psychological state of postpartum women and encourage their families to provide effective company [42].	1c	A
Lifestyle Intervention	18. Nurses should advise patients to ensure adequate rest and sleep, a low-salt and low-fat diet, a balanced diet, and more intake of foods rich in protein, vitamins, and minerals to ensure the quality and quantity of breast milk [37].	5b	A
Postpartum Monitoring	19. It is recommended to monitor the baby's blood pressure, especially for premature infants, and pay attention to symptoms such as drowsiness, pallor, and feeding difficulties [38].	5b	A

4.2. Strengthening Postpartum Follow-up and Monitoring to Ensure Maternal and Infant Health

Evidence items 11-15 summarize the recommendations for postpartum medication use and the specific contents of postpartum follow-up and screening in HDP patients. The demand for antihypertensive drugs in HDP patients may change after childbirth, so HDP patients receiving postpartum drug treatment should pay attention to blood pressure monitoring and adjust the dosage of drugs according to blood pressure values to minimize drug use. Early postpartum

lifestyle interventions can effectively reduce the risk of long-term cardiovascular diseases in HDP patients. Nursing staff need to carry out effective health lifestyle education for HDP patients, encourage HDP patients to have a healthy diet after childbirth, appropriately increase the intake of foods rich in protein, vitamins, and minerals, and regularly engage in physical exercise.

Postpartum follow-up and screening are important measures to reduce the risk of long-term cardiovascular diseases and other concomitant complications in HDP patients. Most HDP patients' blood pressure levels return to normal after childbirth, but some still experience persistent hypertension or even develop chronic hypertension. Therefore, nursing staff should emphasize the importance of postpartum screening when HDP patients are discharged, and inform them of the time and related matters of postpartum screening. After HDP patients are discharged, nursing staff should use various methods to remind them to monitor postpartum blood pressure and undergo related examinations to improve the postpartum follow-up rate.

4.3. Providing Psychological Support to Promote Maternal Physical and Mental Health

Evidence items 16-19 summarize the specific contents of delivery care, lifestyle interventions, and postpartum monitoring. Immediate skin-to-skin contact after childbirth can improve mothers' breastfeeding confidence and enhance their sense of mastery of breastfeeding. At the same time, attention should be paid to the changes in maternal postpartum psychological status, and family members should be encouraged to provide effective company. HDP patients may face greater psychological pressure after childbirth, such as anxiety and depression, which not only affect the physical and mental health of mothers but also have a negative impact on breastfeeding and mother-infant relationships. Therefore, nursing staff should pay close attention to the postpartum psychological status of HDP patients, timely detect and intervene in psychological problems, provide necessary psychological support and counseling for mothers, and promote maternal physical and mental health.

5. Conclusion

This study summarizes 19 pieces of best evidence on postpartum management of HDP patients, involving six aspects: breastfeeding, recommendations for postpartum medication use, postpartum follow-up and screening, delivery care, lifestyle interventions, and postpartum monitoring, providing a decision-making basis for clinical nursing practice. This study mainly includes domestic and foreign literatures, which may have limitations such as population applicability and language restrictions. In the future, when clinical evidence transformers adopt the evidence of this study, they need to combine the domestic clinical context and the actual situation of HDP patients to formulate a postpartum breastfeeding program for HDP that is in line with China's national conditions.

This evidence summary only includes published studies in Chinese and English, and articles in other languages could be included to form a better evidence summary. The search did not include special and rare support surfaces. This study included mostly foreign literature, taking into account differences in ethnicity, perceptions, and values, as well as geographical and cultural differences in health care delivery systems. Further consideration of the clinical context is needed during the application of the evidence to develop a localized practice plan. Future clinical reviews will be conducted to assess any barriers to the application of the evidence.

References

[1] Yang Tian, Yao Qiang. Interpretation of the Key Points of the Society of Obstetricians and Gynecologists of Canada Clinical Practice Guideline No. 426 (2022): Diagnosis, Prediction, Prevention, and Management of Hypertensive Disorders of Pregnancy [J]. Chinese Journal of Family Planning and Gynecology, 2023, 15(6): 3-5.

[2] Xia Jiaai, Lü Wenhua, Shan Yan, et al. A Qualitative Study on the Early Breastfeeding Experience of Parturients with Hypertensive Disorders of Pregnancy [J]. Chinese Journal of Nursing, 2023, 58(11): 1298-1303.

[3] Wang Huilin, Peng Zhiwei, Zhu Xianqin. Influence of Inflammation-Related Indicators in Pregnant Women with Hypertensive Disorders of Pregnancy on Delivery Outcomes [J]. Laboratory Medicine and Clinic, 2023, 20(19): 2893-2896.

[4] Wang Yanfei, Ni Yali. Short-Term and Long-Term Safety of Offspring of Pregnant Women with Hypertensive Disorders of Pregnancy [J]. Journal of Practical Obstetrics and Gynecology, 2024, 40(1): 4-6.

[5] Rosenberg E A, Seely E W. Update on Preeclampsia and Hypertensive Disorders of Pregnancy [J]. Endocrinol Metab Clin North Am, 2024, 53(3): 377-389.

[6] Zhao Xuefeng, Yang Wanjie. Research Progress on Severe Complications of Hypertensive Disorders of Pregnancy [J]. Medical Recapitulate, 2015, 21(12): 2209-2211.

[7] Wilkerson R G, Ogunbodede A C. Hypertensive Disorders of Pregnancy [J]. Emerg Med Clin North Am,2019, 37(2): 301-316.

[8] Magee L A, Pels A, Helewa M, et al. Diagnosis, Evaluation, and Management of the Hypertensive Disorders of Pregnancy: Executive Summary [J]. J Obstet Gynaecol Can, 2014, 36(5): 416-441.

[9] Antza C, Stabouli S, Kotsis V. Practical Guide for the Management of Hypertensive Disorders during Pregnancy [J]. J Hypertens, 2022, 40(7): 1257-1264.

[10] Wiciński M, Sawicka E, Gębalski J, et al. Human Milk Oligosaccharides: Health Benefits, Potential Applications in Infant Formulas, and Pharmacology [J]. Nutrients, 2020, 12(1).

[11] Li Xiaoxiao, Luo Huipan, Lan Yanping, et al. Research Progress on Nutritional Components and Immunomodulatory Factors of Human Milk [J]. Chinese Journal of Child Health Care, 2023, 31(10): 1106-1110.

[12] Pathirana M M, Andraweera P H, Aldridge E, et al. The Association of Breastfeeding for at Least Six Months with Hemodynamic and Metabolic Health of Women and Their Children Aged Three Years: An Observational Cohort Study [J]. International Breastfeeding Journal, 2023, 18(1): 1-12.

[13] Pu Congshan, Xia Jiaai, Wang Chunhua, et al. Status and Influencing Factors of Coping Difficulties in Postpartum Women with Hypertensive Disorders of Pregnancy after Discharge [J]. Chinese Journal of Nursing, 2023, 58(22): 2754-2760.

[14] Gao Zhimin, Zhang Weiyue, Chen Lifang, et al. Influence of Hypertensive Disorders of Pregnancy on Maternal Pregnancy Outcomes and Feeding Patterns [J]. Chinese Journal of Maternal and Child Health Research, 2021, 32(5): 758-762.

[15] Xiao Yuanyuan. Analysis of the Influence of Psychological Nursing Clinical Pathway on the Psychological State, Complications, and Breastfeeding Situation of Patients with Pregnancy-Induced Hypertension Syndrome [J]. Laboratory Medicine and Clinical, 2020, 17(7): 926-929.

[16] O'Kelly A C, Michos E D, Shufelt C L, et al. Pregnancy and Reproductive Risk Factors for Cardiovascular Disease in Women [J]. Circ Res, 2022, 130(4): 652-672.

[17] Ghelfi A M, Ferretti M V, Staffieri G J. Pharmacological Treatment of Non-Severe Hypertension during Pregnancy, Postpartum and Breastfeeding [J]. HIPERTENSION Y RIESGO VASCULAR, 2021, 38(3): 133-147

[18] van Baar P M, Bij D W J, Ten H E, et al. Hypertensive Disorders of Pregnancy after Multifetal Pregnancy Reduction: A Systematic Review and Meta-Analysis [J]. Hypertens Pregnancy, 2023, 42(1): 2225597.

[19] Peng Yufang, Wang Xiaoli, Gong Xuefen. Analysis of Influencing Factors of Adverse Pregnancy Outcomes in Elderly Pregnant Women with Hypertensive Disorders of Pregnancy [J]. South China Journal of Preventive Medicine, 2024, 50(6): 544-547.

[20] Thombre K M, Holzman C, Wasilevich E, et al. Pregnancy Hypertension and Its Associations with Pre-Pregnancy Depression, Anxiety, Antidepressants, and Anxiolytics [J]. Pregnancy Hypertens, 2019, 16: 67-74.

[21] Park S, Choi N K. Breastfeeding and Maternal Hypertension [J]. Am J Hypertens, 2018, 31(5): 615-621.

[22] Zhang Guifeng. Influence of Health Education Based on Behavior Change Model on Disease Cognition, Treatment Compliance, and Pregnancy Outcomes in Patients with Hypertensive Disorders of Pregnancy [J]. Chinese Journal of Maternal and Child Health Care, 2023, 38(15): 2876-2880.

[23] Xie Xiaoxia, Liu Chunfeng, Xiao Yuhong. Analysis of the Current Situation and Influencing Factors of Breastfeeding during Hospitalization of Mothers with Previous Failed Exclusive Breastfeeding [J]. Smart Healthcare, 2022, 8(10): 189-192.

[24] Countouris M E, Schwarz E B, Rossiter B C, et al. Effects of Lactation on Postpartum Blood Pressure among Women with Gestational Hypertension and Preeclampsia [J]. Am J Obstet Gynecol, 2016, 215(2): 241.

[25] Bonifacino E, Schwartz E B, Jun H, et al. Effect of Lactation on Maternal Hypertension: A Systematic Review [J]. Breastfeed Med, 2018, 13(9): 578-588.

[26] Huang Ling. Influence of Whole Course Nursing under Crisis Awareness on Delivery Outcomes and Lactation Function of Parturients with Hypertensive Disorders of Pregnancy [J]. The Medical Forum, 2023, 27(35): 78-80.

[27] Shi Shumin. Application Value of Psychological Nursing in Patients with Hypertensive Disorders of Pregnancy [J]. Chinese Community Doctors, 2023, 39(18): 133-135.

[28] Zhu Zheng, Hu Yan, Xing Weijie, et al. Composition of Different Types of Evidence-Based Questions [J]. Journal of Nurses Training, 2017, 32(21): 1991-1994.

[29] Dicenso A, Bayley L, Haynes R B. Accessing Pre-Appraised Evidence: Fine-Tuning the 5S Model into a 6S Model [J]. Evid Based Nurs, 2009, 12(4): 99-101.

[30] Brouwers M C, Kerkvliet K, Spithoff K. The AGREE Reporting Checklist: A Tool to Improve Reporting of Clinical Practice Guidelines [J]. BMJ, 2016, 352: i1152.

[31] Zhu Zheng, Hu Yan, Zhou Yingfeng, et al. Promoting Evidence Translation into Clinical Practice (V) Literature Quality Evaluation in Evidence-Based Clinical Translation Research [J]. Journal of Nurses Training, 2020, 35(11): 996-1000.

[32] Hu Yan. Evidence-Based Nursing [M]. People's Health Publishing House, 2012.

[33] Wei Dang, Wang Congyao, Xiao Xiaojuan, et al. Example Interpretation of the Guideline Research and Evaluation (AGREEII) Tool [J]. Chinese Journal of Evidence-Based Pediatrics, 2013, 8(4): 316-319.

[34] Hypertension in Pregnancy Guideline [M]. Society of Obstetric Medicine of Australia and New Zealand, 2023.

[35] Breastfeeding - Promoting and Supporting the Initiation, Exclusivity, and Continuation of Breastfeeding in Newborns, Infants and Young Children [M]. Registered Nurses' Association of Ontario, 2018.

[36] Hypertension in pregnancy: diagnosis and management [M]. National Institute For Health and Care Excellence, 2023.

[37] Magee L A, Brown M A, Hall D R, et al. The 2021 International Society for the Study of Hypertension in Pregnancy Classification, Diagnosis & Management Recommendations for International Practice [J]. Pregnancy Hypertens, 2022, 27: 148-169.

[38] Pregnancy, Childbirth, Postpartum and Newborn Care: A Guide for Essential Practice [M]. Geneva: World Health Organization, 2015.

[39] Qu G, Wang L, Tang X, et al. Association Between Duration of Breastfeeding and Maternal Hypertension: A Systematic Review and Meta-Analysis [J]. Breastfeed Med, 2018, 13(5): 318-326.

[40] Sokou R, Parastatidou S, Iliodromiti Z, et al. Knowledge Gaps and Current Evidence Regarding Breastfeeding Issues in Mothers with Chronic Diseases [J]. Nutrients, 2023, 15(13).

[41] Wang Bin. Influence of Psychological Nursing Clinical Pathway on Psychological State and Breastfeeding Situation of Patients with Pregnancy-Induced Hypertension Syndrome [J]. Chinese and Foreign Women's Health Research, 2023(9): 123-125.

[42] Wu Lifen, Li Hongqin. Influence of Whole Course Maternal-Infant Continuous Care Model on Postpartum Recovery and Breastfeeding Efficiency of Parturients with Hypertensive Disorders of Pregnancy [J]. Heilongjiang Journal of Traditional Chinese Medicine, 2023, 52(4): 152-154.

[43] Gracia P V, Ramirez R, Durán Y, et al. Magnesium Sulfate for 6 vs 24 Hours Post Delivery in Patients Who Received Magnesium Sulfate for Less Than 8 Hours Before Birth: A Randomized Clinical Trial [J]. BMC Pregnancy & Childbirth, 2017, 17: 1-6.

[44] Sun Qi. Analysis and Research on the Influence of Detailed Nursing Intervention on Breastfeeding Cognition of Parturients with Pregnancy Complications [J]. Chinese and Foreign Women's Health Research, 2020(21): 89-90.

[45] Xiao Yuanyuan. Analysis of the Influence of Psychological Nursing Clinical Pathway on the Psychological State, Complications, and Breastfeeding Situation of Patients with Pregnancy-Induced Hypertension Syndrome [J]. Laboratory Medicine and Clinical, 2020, 17(7): 926-929.