

High Blood Pressure (hypertension) in Pregnancy

This information sheet aims to answer some frequently asked questions about high blood pressure in pregnancy.

IMPORTANT: This is general information only. It is not intended as advice for your individual circumstances. Ask your health care provider for more information.

High blood pressure (also called hypertension) is a common medical problem in pregnancy. Your health care provider will monitor you and your baby closely and discuss all your options for care with you.

What is blood pressure (BP)?

Blood pressure (BP) is a measure of how strongly blood is pushing against the walls of your arteries. Arteries carry blood away from your heart to other parts of your body. Blood pressure measurements are recorded as two numbers called the systolic (the top reading) and the diastolic (the bottom reading). The systolic pressure is while your heart is pumping and the diastolic is when it is refilling with blood between each beat.

What is high blood pressure (hypertension) in pregnancy?

High blood pressure (also called hypertension) in pregnancy is when your systolic measurement is consistently 140 or more, OR your diastolic measurement is consistently 90 or more.

Less than 140/90	Normal blood pressure
140/90 to 159/109	Moderate hypertension
160/110 or higher	Severe hypertension

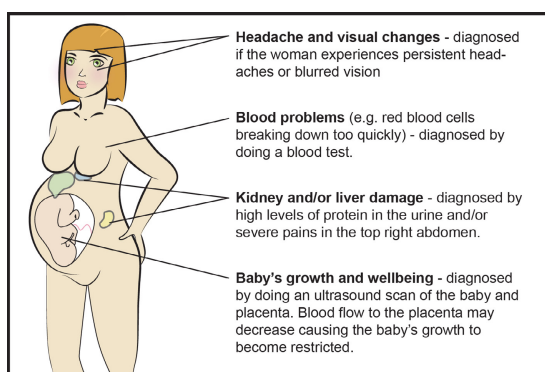


Figure 1. Signs and symptoms of preeclampsia

Why is hypertension a problem during pregnancy?

Hypertension while you are pregnant increases the risk of:

- not enough blood going to your placenta meaning that your baby might get less oxygen and nutrients. This can lead to slow growth, low birth weight or preterm birth
- placental abruption: this is where your placenta comes away from the inner wall of your uterus before your baby is born and may cause heavy bleeding
- preterm birth- sometimes early birth is needed to prevent life-threatening complications

Are there different types of hypertension in pregnancy?

Yes there are three main types of hypertension in pregnancy.

Chronic or essential hypertension

This is when you had hypertension before you became pregnant or it starts before you reach 20 weeks of pregnancy, and it continues after the birth of your baby.

Gestational hypertension

This is hypertension that develops after you reach 20 weeks of pregnancy (but was normal before this time). There are usually no other symptoms. Some women may go on to develop preeclampsia. Gestational hypertension usually returns to normal within 3 months of your baby's birth.

Preeclampsia

Preeclampsia is when you are pregnant, have hypertension AND other signs or symptoms such as headaches, changes to your vision, pain in your upper abdomen or abnormal blood or urine test results.

Who is more likely to develop preeclampsia?

Any pregnant woman can develop preeclampsia although you are more likely to if you:

- had preeclampsia previously or are pregnant for the first time
- have a family history of preeclampsia
- there is more than 10 years between this pregnancy and your last baby
- have a pre-existing medical condition (e.g. chronic hypertension, diabetes or kidney disease)
- are older than 40 years
- have a body mass index (BMI) over 35 kg/m²
- are pregnant with more than one baby

When should you contact your health care provider?

You should contact your health care provider or local hospital if you:

- don't feel your baby move as much as usual
- start having contractions
- have bleeding from your vagina
- have any of the following symptoms:
 - o a bad headache that last 6 hours or more
 - o changes in your vision, such as blurry vision or flashes of lights
 - o pain in the upper abdomen (stomach)
 - o nausea or vomiting
 - o you don't feel well or you feel that "something isn't right"

What is the treatment if you have hypertension?

If you have moderate hypertension without any other signs or symptoms, you will usually be offered more regular check-ups and assessments for you and your baby. This might include more frequent blood pressure readings, blood tests, ultrasound assessment of your baby, your placenta and the fluid around your baby, and more frequent monitoring of your baby's heart rate with a machine called a CTG. Medication to lower your blood pressure may be recommended - although this is not always required. It is important to attend all your appointments and to tell your health care provider if you experience any symptoms of preeclampsia.

What if your condition gets worse?

If you develop preeclampsia or your hypertension gets worse, admission to hospital will be recommended. Medication to lower your blood pressure is usually required. If your blood pressure cannot be controlled or your condition continues to get worse (e.g. your liver or kidney functioning is affected or your placenta stops functioning properly) your doctor may recommend that you have your baby early (premature), either by inducing your labour or by caesarean section.

What is eclampsia?

Eclampsia is a very rare condition that causes maternal convulsions (seizures) and may lead to stroke, kidney failure or liver failure. It can occur if preeclampsia is untreated or does not respond to treatment. Magnesium Sulfate is a medication given through an IV or "drip" to prevent and treat eclampsia.

What might happen during your labour?

If you have hypertension or preeclampsia, you and your baby will be closely monitored and cared for in labour. Continuous monitoring of your baby's heart beat with a CTG machine will be recommended to you. You may be advised to have an IV or a "drip" to give you fluids and medications. If you have Magnesium Sulfate medication this will continue for 24 hours after the birth of your baby. If you or your baby shows signs that the preeclampsia is worsening you may be advised to have a caesarean section..

What might happen after your baby is born?

Preeclampsia can develop for the first time after birth, so you will be monitored closely in hospital after your baby is born. If you were taking medication for hypertension before the birth, you may be asked to continue to take it (possibly for up to 6 weeks or longer). You will be given medications that are safe to take while breastfeeding.

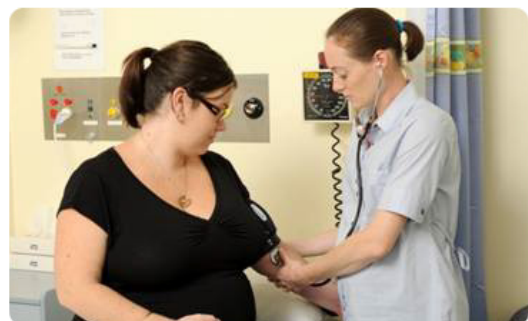


Figure 2. Pregnant woman having blood pressure taken

Comfort, support & information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public.

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care.

www.health.gov.au/pregnancyhelpline

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone. www.lifeline.org.au