

High Blood Pressure During Pregnancy and After Childbirth

High Blood Pressure

High blood pressure (hypertension) means the pressure of the blood inside your arteries is at a level higher than normal. This can create health risks at any time, and it is even more of a risk during pregnancy. If not treated, it can cause serious problems for you and your baby.

Types of High Blood Pressure

■ Chronic (long-lasting) hypertension

Chronic hypertension is high blood pressure that you had before your pregnancy or that occurs before the 20th week of your pregnancy.

Your health care provider will monitor your blood pressure closely to determine if you need to change your medicine or begin taking medicine.

■ Gestational hypertension

Pregnancy can cause high blood pressure even if you have never had it before. It usually occurs after the 20th week of pregnancy and goes away soon after your baby is born.

High blood pressure in pregnancy will need to be monitored and you may need medicine to treat it. Having gestational hypertension may increase your risk of developing high blood pressure in the future.

With either type of high blood pressure, your baby may need to be delivered early if your high blood pressure becomes severe.

Preeclampsia can develop with both types of high blood pressure. Your health care provider will monitor you closely for severe blood pressure and signs of preeclampsia.

High Blood Pressure During Pregnancy

	Top number (systolic)		Bottom number (diastolic)	Follow-up instructions
High blood pressure	140 or higher	or	90 or higher	Talk with your health care provider about treatment. Watch for signs of preeclampsia.
Hypertensive emergency	160 or higher	or	110 or higher	Call your health care provider right away.

(over)

Complications of High Blood Pressure During Pregnancy

High blood pressure during pregnancy can put extra stress on your heart and kidneys. It can also increase your risk for the following complications (problems).

Risks for you:

- preeclampsia
- Cesarean birth
- placental abruption (when the placenta separates early from the uterus)
- seizures
- stroke
- heart disease
- kidney disease
- organ damage
- death.

Risks for your baby:

- growth restriction (your baby is not growing at the normal rate)
- preterm birth
- serious health problems
- death.

Preeclampsia

Preeclampsia is a serious blood pressure disorder that can cause your organs not to work. It usually occurs after the 20th week of pregnancy, but it can also occur after your baby is born.

Your health care provider will diagnose you with preeclampsia if you have high blood pressure and problems with your organs.

Some women will not have any symptoms of preeclampsia, so it is important to have regular prenatal visits. To test for preeclampsia at each prenatal visit, staff will check your weight, blood pressure, and test for protein in your urine. If your health care provider is concerned that you may have preeclampsia, more tests may be done.

Risk Factors for Preeclampsia

About 1 in 25 women will have preeclampsia during pregnancy. You are at a higher risk for preeclampsia if:

- you are pregnant for the first time
- you are pregnant with more than one baby
- you became pregnant using in vitro fertilization
- you or a family member had preeclampsia during a pregnancy
- you have high blood pressure
- you are older than age 40
- you are obese
- you have certain medical conditions such as diabetes, kidney disease or an autoimmune disease.

Depending on your risk factors, your health care provider may recommend that you start a daily low-dose (81 milligrams) aspirin to decrease your risk of preeclampsia with this pregnancy. This is usually started between 12 and 16 weeks of pregnancy.

Complications of Preeclampsia

Along with seizures (eclampsia), preeclampsia can also lead to HELLP syndrome. This condition is a medical emergency.

Preeclampsia, eclampsia, and HELLP syndrome can cause life-long problems and even death.

Having preeclampsia increases your risk of having it again with your next pregnancy.

Women who have preeclampsia have an increased risk of other conditions later in life. These include high blood pressure, heart disease, stroke and kidney disease.

How to Treat Preeclampsia

Treatment depends on if you have any symptoms of severe preeclampsia.

The decision of when and how to deliver your baby depends on the risks to you and the health of your baby.

Preeclampsia without severe symptoms

In general, you will have more visits with your health care provider and more tests to check on your baby's health. These tests may include:

- blood pressure monitoring
- laboratory tests
- fetal monitoring
- ultrasounds.

Preeclampsia with severe symptoms

You will usually be treated in the hospital. If you see a health care provider at a smaller hospital, you may be transferred to another hospital that provides high-risk pregnancy care.

If you are at least 34 weeks pregnant, your baby will most likely be delivered because of the risk of complications.

If you are less than 34 weeks pregnant and you and your baby are stable, treatment may include:

- medicine to help your baby's lungs mature
- medicine to help reduce your blood pressure and help prevent seizures.

When to Call Your Health Care Provider

It is possible to develop preeclampsia after you give birth or for it to get worse after you go home.

Call your health care provider right away if you have any of these signs of preeclampsia:

- sudden weight gain (more than 2 pounds in 1 day or 5 pounds in 1 week)
- swelling in your hands or face
- pain in your upper abdomen or shoulder (may feel like heartburn)
- trouble breathing
- any changes in your eyesight (seeing spots, blurred vision, blind spots, flashes of light)
- a headache that will not go away
- nausea (upset stomach) or vomiting (throwing up).

If not treated, preeclampsia can be life threatening to you or your baby. If you have any questions or concerns, please talk with your health care provider.

Call 911 or have someone take you to the nearest hospital Emergency Department if you have:

- chest pain that does not go away
- severe shortness of breath.