High Blood Pressure in Pregnancy

**What is high blood pressure (hypertension) during pregnancy?**

Blood pressure is the amount of force exerted by the blood against the walls of the arteries. A person’s blood pressure is considered high when the readings are greater than 140 mm Hg systolic (the top number in the blood pressure reading) or 90 mm Hg diastolic (the bottom number). Although many pregnant women with high blood pressure have healthy babies without serious problems, high blood pressure can be dangerous for both the mother and the fetus.

**What are the different types of high blood pressure during pregnancy?**

There are 2 forms of hypertension in pregnancy:

- Chronic hypertension – high blood pressure that was present before you became pregnant.
- Gestational hypertension – high blood pressure develops after 20 weeks of pregnancy.

Women with all types of high blood pressure require special care during pregnancy.

**What problems can arise as a result of high blood pressure during pregnancy?**

The effects of high blood pressure range from mild to severe. One serious risk is for a condition called Preeclampsia. This condition typically starts after the 20th week of pregnancy and is related to increased blood pressure and protein in the mother’s urine (as a result of kidney problems). Preeclampsia affects the placenta, and can further cause the following complications:
• Decreased blood flow to the placenta. This reduces the oxygen and nutrients to your baby potentially slowing the baby’s growth and overall health.
• Placenta abruption. This is when the placenta separates from the uterus during pregnancy. This serious condition can cause bleeding and decrease oxygen to the baby and mother.
• Premature delivery. Sometimes the only treatment is delivery of baby to prevent other more severe complications for the mother.

**Which women have a higher risk for developing preeclampsia?**

• Women with chronic hypertension (high blood pressure before becoming pregnant).
• Women who developed high blood pressure or preeclampsia during a previous pregnancy, especially if these conditions occurred early in the pregnancy.
• Women who are obese prior to pregnancy.
• Pregnant women under the age of 20 or over the age of 40.
• Women who are pregnant with more than one baby.
• Women with diabetes, kidney disease, rheumatoid arthritis, lupus, or scleroderma.

**When should I call my healthcare provider?**

Call your health care provider or Triage at 734-764-8134 if you have any of the following signs and symptoms, that may indicate you are developing preeclampsia:

• Severe headache that will not go away
• Vision changes (spots, blurring, halos)
• Sudden swelling of hands and face
• Pain in the right, upper abdomen
• Sudden weight gain, more than 5 pounds in a week
I have been diagnosed with preeclampsia. How can I care for myself?

You can help yourself by:

- If you smoke, quit!
- Rest, eat well and avoid stress
- If your health care provider prescribe a blood pressure medication for you, make sure you take the medication exactly as your provider ordered. Do not stop taking high blood pressure medications without talking to your health care provider.

Other instructions:

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