

Hypertension in pregnancy

What is happening to me?

Your circulatory system is made up of the heart and blood vessels. Each time your heart beats (contracts) it pumps oxygen-rich blood out into the arteries. The arteries bring blood to all parts of your body including your major organs. Blood comes back to your heart through vessels called veins. This system works because of blood pressure.

Pressure is needed to push blood through the arteries. Your heart supplies some of the pressure when it beats and pushes blood into the arteries. The arterioles (smallest branch of the arteries) also supply pressure. Arterioles are lined with a layer of muscle.

When this muscle layer is relaxed, blood pressure is normal and blood flows smoothly. At times, the muscle layer tightens and the arterioles close which causes your blood pressure to rise. High blood pressure is called hypertension.

Your blood pressure will usually vary during your pregnancy and can be checked with a manual or an electronic device.

Obstetrical Homecare

Your doctor might prescribe the Alere® Obstetrical Homecare Program. Nurses with experience in caring for women with hypertension in pregnancy will help you learn more about this condition and monitor you closely for any signs of worsening high blood pressure during your pregnancy. They work closely with you and your doctor to monitor the health of you and your baby.

For more information, contact your physician or call Alere at 800-950-3963

Understanding Hypertension in Pregnancy

The facts you need to know



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How's my blood pressure checked?

- Blood pressure is checked with a manual or an electronic device.
- The first number is called the systolic pressure, the pressure in the arteries when the heart is pumping.
- The second number is called the diastolic pressure and refers to the pressure in the arteries when the heart relaxes.
- In general a blood pressure reading of 140/90 or higher is a sign of high blood pressure.

Is Hypertension a problem in pregnancy?

- Blood pressure usually varies during pregnancy.
- During the middle part of pregnancy blood pressure tends to be low so it is important for your doctor to know what your blood pressure was before you got pregnant and during the early weeks of pregnancy.
- Chronic hypertension affects both men and women, it is long-lasting, and may require treatment with drugs.
- Several blood pressure problems occur only during pregnancy:
 - Gestational hypertension in which high blood pressure is the only symptom,
 - Preeclampsia is high blood pressure with protein in the urine. In addition, you may or may not have puffiness or swelling of the hands, face, and feet.

Who gets preeclampsia?

- Four out of every 100 women.¹
- Any women with chronic hypertension and/or women with normal blood pressure can get preeclampsia.
- Occurs most often with a first pregnancy.
- Can occur in later pregnancy (second or third).
- More common in multiple gestations (twins or more).
- More common in women with diabetes.

- Teenagers and women over 30 years old have a higher risk.
- Women who have had high blood pressure, kidney disease or other medical conditions are also at risk.

What about my baby?

High blood pressure during pregnancy can affect the development of your baby by causing less blood flow to the placenta. As the arterioles tighten, blood is less able to flow through the blood vessels to the placenta. Because less oxygen and nutrients reach the unborn baby, growth may be slowed. Since high blood pressure may harm your baby, your doctor may choose to watch and assess your baby more often in some of the following ways:

- **Fetal Movement Counting** | A simple routine in which you count your baby's movements for set time periods each day,
- **Ultrasound or Sonogram** | An exam that uses sound waves to show "pictures" of your baby, the amniotic fluid, membranes, and placenta. It helps your doctor to know whether or not your high blood pressure has slowed the growth of your baby and/or how the placenta is working,
- **Non-stress Test (NST)** | A test that records the baby's heart rate on a monitor and watches how the heart rate reacts when the baby moves. This shows the health of the baby,
- **Amniocentesis (Amnio)** | A test done to decide if the baby's lungs are mature enough for him/her to breathe on his/her own,
- **Biophysical Profile (BPP)** | A test that uses ultrasound and fetal heart monitoring to decide the health of the baby.

If any of these tests show that the baby is having problems, your doctor may choose to check you more closely by having you come to the office more often or do more testing. If your condition needs to be watched more closely than that, you may have to stay in the hospital.



Eat a healthy, balanced diet as directed by your doctor.

What are the warning signs of worsening high blood pressure?

Pay close attention to your body and learn what is "normal" for you. Then you will know what is "not normal." If you have any of these symptoms you should tell your doctor:

- Swelling of the face, hands or feet early in the morning,
- Headaches that do not go away by simple pain relievers that your doctor allows you to take (e.g. Tylenol®),
- Problems with your eye sight: blurry vision, seeing "spots" or "silver waterfalls,"
- Pain in the upper right stomach area should be reported to your doctor immediately,
- Abdominal cramping/bleeding: severe pain with or without bleeding from the vagina, could mean that the placenta has separated from the wall of the uterus, a serious condition. If you have these symptoms, call your doctor immediately.

What else can I do?

- Keep all your scheduled office appointments with your doctor.
- Eat a healthy, balanced diet as directed by your doctor.
- Follow your doctor's instructions carefully, especially about activity limits and taking medicine.
- Tell your doctor if you do have any of the warning signs listed previously.