HYPERTENSION (HIGH BLOOD PRESSURE) IN PREGNANCY

What is Hypertension?
Hypertension is when someone has high blood pressure. At the beginning of pregnancy, a woman's blood pressure is usually lower than normal. As a woman gets closer to the end of her pregnancy, her blood pressure usually returns to the levels she had before getting pregnant.

Causes of High Blood Pressure
High blood pressure in pregnancy can be caused by many different things.

- Some women have gestational hypertension—this means they only have high blood pressure during pregnancy. The pregnancy causes her blood pressure to be higher than normal.
- Some women have a family history of high blood pressure.
- Medical problems like diabetes, lupus, kidney disease, and heart disease sometimes also cause high blood pressure.
- Being overweight can cause more stress to the body and cause high blood pressure.
- Kidneys help control blood pressure. Women who have kidney disease or problems can have high blood pressure.
- If a woman has high blood pressure for the first time AFTER 20 weeks in their pregnancy, they may have preeclampsia (pre-e-clamp-see-a).

Treatment for High Blood Pressure in Pregnancy
Sometimes women can control their blood pressure by lowering the amount of salt they have in their diet. You are not being asked to stop eating salt completely. Instead, try to lightly season the food you cook, and try to not add salt to your prepared food. Avoid foods that have a lot of salt.

Foods that are high in salt include:
- Foods that taste very salty
- Pickles
- Pasta
- Tuna
- Pizza
- Fast food

Weight loss and exercise can also help lower your blood pressure. However, pregnancy is not the time to lose weight or diet. If you have not been exercising before pregnancy, you should not start a rigorous exercise program. You can start walking, and may find that this helps your blood pressure.

If you had high blood pressure before you became pregnant, you may already be on medication to control this. Because your blood pressure normally gets low in early pregnancy, you may have been told to stop taking your blood pressure medication. It is likely that as the pregnancy goes on you will have to restart your medication.

Your provider may prescribe a blood pressure meter for you to monitor your blood pressure at home. If you are monitoring blood pressure at home, we would like you to monitor twice a day at specific times, and also when you are feeling different or strange. You should record these readings in a small notebook or on paper and bring them with you to your pregnancy visits.

Are Medications for Blood Pressure Safe During Pregnancy?
There are many medications used to control blood pressure. All people respond differently to medications. Because of this, there is no one medication that is used during pregnancy for blood pressure control. Some women are on a big dose of one medication and other women are on several different medications just for blood pressure.

Most medications used to control blood pressure are safe during pregnancy, but some are not. When you find out you are pregnant and are taking any medication, you should contact your doctor that prescribed your medication and let them know you are pregnant. They will either decide what medications to continue, stop, or change, or they will have you see a specialist that will help them decide what should be done with your medication. It is important to remember that YOU SHOULD NEVER STOP ANY PRESCRIBED MEDICATION WITHOUT CHECKING WITH YOUR PROVIDER FIRST.
How Can High Blood Pressure Affect My Pregnancy?

High blood pressure in pregnancy is normally easy to control with medication. However, depending on how controlled it is, what is causing it, how healthy a person is (do they have other medical problems) and how long they have had high blood pressure, it can cause women to have a higher chance of problems.

High blood pressure could cause the following complications:

- **Growth Restriction (IUGR or Intrauterine Growth Restriction):** This happens when the baby is not growing as much as it should be while it is inside of the mother’s tummy. High blood pressure can cause the blood vessels that “feed” the baby to not get as much nutrition or “food” to the baby. This causes the baby to grow very slow.

- **Placental Abruption:** The placenta is the afterbirth—the organ inside of the uterus (womb) that keeps the baby alive and growing. Once a baby is born, the placenta separates from the uterus and comes out. If blood pressure is not well controlled, the placenta can begin to separate from the uterus early, before the baby is born. The symptoms of abruption can include contractions, pain, and bleeding. If you are having these symptoms you should call your prenatal provider—usually everything checks out fine, but to be certain your prenatal provider should be aware if these things are happening to you.

- **Preeclampsia:** (pre-e-clamp-see-a) A disease during pregnancy that causes your blood pressure to get even higher than it has been. With preeclampsia, you have an abnormal amount of protein in the urine. You may also have abnormal blood work. Preeclampsia is typically a disease we see late in pregnancy, but it can be seen at 20 weeks or more.

Planning for Future Pregnancies

When you have high blood pressure, and you are not pregnant, there are several things you should think about before getting pregnant.

- See an obstetrician or a Maternal Fetal Medicine specialist before getting pregnant to talk about changes that may need to be made in medications before becoming pregnant.
- Work with your primary health care provider to get your blood pressure under control.
- If you are overweight, consider talking with your provider about starting an exercise program and changing your eating habits to help lose weight. Losing even a small amount of weight can improve your chances of having a successful pregnancy.

It is important to follow your primary health care provider’s plan. You should be seen at least yearly to check your health and medications related to high blood pressure.

Having high blood pressure only during pregnancy increases your risk for developing high blood pressure outside of pregnancy. Women who develop preeclampsia also have a higher chance of developing heart disease earlier in life. Because of these risks, it is important to alert your primary health care provider about your pregnancy history and the complications you have had during pregnancy.