Recovering from high blood pressure in pregnancy or/and pre-eclampsia: Postnatal advice

This leaflet is for women who have had high blood pressure in pregnancy or diagnosed with pre-eclampsia, whether or not they have had protein in the urine, or abnormal liver tests. It explains what may happen in subsequent pregnancies and also in later life. It also covers the medication that may be prescribed on leaving hospital, and the recommendations for follow-up. If you have any questions or concerns, please speak to your midwife or doctor.

After I leave hospital

You may have found that your blood pressure medication increased in the days leading up to your birth. The medical need to control your blood pressure will continue after birth, sometimes for around 10 days but some people may need treatment for six weeks or longer. When you are discharged from the hospital you will be given the medication and advised when, and how long to take it for.

Eat and drink as normal. We advise all new mothers to eat a balanced and healthy diet and to avoid alcohol if breastfeeding although an occasional drink is unlikely to harm your breastfed baby.

For further information about healthy eating, visit NHS website https://www.nhs.uk/live-well/eat-well/.

Breastfeeding and medication

It is safe to breastfeed your baby even if you are taking any of the following tablets to control your high blood pressure:

- α-Methyl dopa
- Enalapril
- Labetalol
- Nifedipine
- Captopril
- Atenolol
- Metoprolol

There is less information on the safety of breastfeeding if you are taking newer drugs to treat high blood pressure including:

- ARBs, such as olmesarten
- Amlodipine
- ACE inhibitors *other than* Enalapril and Captopril.

If you have specific questions about medications or treatments, please message the 'Drugs in Breast milk' information service Facebook page or email druginformation@breastfeedingnetwork.org.uk

Will it happen in my next pregnancy?

If you have previously had pre-eclampsia, you are seven times more likely to experience it in your next pregnancy. The recurrence rate in mothers who had severe pre-eclampsia, HELLP syndrome (that is, specific abnormalities in liver and blood clotting tests) or eclampsia which led to birth before 34 weeks is 1 in 4 (25%), and 1 in 2 (50%) pregnancies if it led to birth before 28 weeks.

Booking for care early in pregnancy and attending antenatal clinics regularly is important for those women who are more likely to develop pre-eclampsia. You may be prescribed a small daily dose (150mg) of aspirin from early in your next pregnancy to help prevent it. If pre-eclampsia occurred early in the pregnancy (necessitating delivery of the baby before 34 weeks), your doctor may want to screen you for certain medical conditions, such as anti-phospholipid syndrome.

Your long-term health

- Risk of high blood pressure or pre-eclamptic toxaemia (PET) in any future pregnancies: There is an increased risk of having high blood pressure without protein in your urine (wee) in a future pregnancy. The risk ranges from about 1 in 6 (16%) to about 1 in 2 (47%) The risk to someone who has had mild to moderate PET – that is high blood pressure and protein in the urine, of having it again ranges from 1 in 50 (2%) to about 1 in 14 (7%). If you had severe pre-eclampsia, or HELLP syndrome (abnormalities in liver and blood clotting tests) or eclampsia which led to birth before 34 weeks, it is around 1 in 4 (25%). If that led to birth before 28 weeks the risk increases to about 1 in 2 (55%). In future, you may be advised to take aspirin (150mg) once a night from 12 weeks of pregnancy to reduce your risk.
- Long-term risk of cardiovascular (heart and blood pressure) or renal (kidney) diseases: As someone who has had high blood pressure during pregnancy, you are 2 to 4 times more likely to develop high blood pressure later in life. You are also at an increased risk of stroke and heart related problems as a result of high blood pressure going untreated. It is important that your GP monitors this, preferably on a yearly basis. You may reduce your risk by avoiding smoking, maintaining a healthy lifestyle and maintaining a healthy weight. In the shorter term, if there is no protein in your urine (proteinuria) and your blood pressure is normal at the postnatal review (6–8 weeks after the birth), the risk of kidney disease in later life is low. There is no need to be seen by a renal physician (kidney specialist) unless the protein in your urine continues.

Are there long-term risks to my health?

Blood pressure is often 'normal' in the first 48 hours or so after a baby's birth, but then rises as the fluid causing oedema (pregnancy swelling) moves from the skin tissues back into the circulation before being turned into urine by the kidneys This is a normal process and should not

be a cause for concern, although it may be necessary to restart regular blood pressure tablets for a while. In most cases, blood pressure returns to normal within about six weeks after your baby is born and the protein in your urine disappears. It is important to make sure both your blood pressure and urine are normal when your six-week postnatal check is carried out by your GP.

In the short-term, if there is no protein in your urine (proteinuria) and your blood pressure is normal at the postnatal review (6–8 weeks after the birth) the risk of kidney disease in later life is low. There is no need for further specialist medical review unless the proteinuria persists.

Women who have had pre-eclampsia are three times more likely to develop high blood pressure in later life, and two to three times more likely to suffer a stroke or heart attack compared to women who have not had pre-eclampsia. Accordingly, it is very important to have your blood pressure measured regularly – this can be arranged with your GP.

Fortunately, there are other risk factors for strokes and heart attacks that you may be able to change and these include stopping smoking, eating a healthy diet, taking regular exercise and losing weight if you are overweight.

What can I do to help myself in future pregnancies?

Seek specialist advice early in your next pregnancy to plan your antenatal care. Insist on frequent antenatal checks and ensure your blood pressure and urine are checked at each visit. Never miss an appointment and report any unusual signs or symptoms to your midwife or doctor.

Signs to look out for:

- Unusual headaches that don’t go away.
- Blurred vision, flashing lights or spots before your eyes.
- Pain just below your ribs, especially on the right side.
- Vomiting (not the ‘morning sickness’ of early pregnancy).

Further information

- NICE website for the most recent national guideline on hypertension in pregnancy https://www.nice.org.uk/guidance/ng133
- Role of PET in hypertension http://www.ncbi.nlm.nih.gov/pubmed/19253523
- Information is also available on the Action on Pre-Eclampsia website https://action-on-pre-eclampsia.org.uk/public-area/high-blood-pressure-in-pregnancy/#resources

References

1. NICE website for the most recent national guideline on hypertension in pregnancy https://www.nice.org.uk/guidance/ng133
2. Further information is also available on the Action on Pre-Eclampsia website https://action-on-pre-eclampsia.org.uk/public-area/high-blood-pressure-in-pregnancy/#resources

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Please ask if you need this information in another language or format.

S Wong, Consultant Obstetrician, December 2014
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