



High blood pressure in pregnancy: Postnatal advice

This leaflet is about what happens after birth if you have had high blood pressure in pregnancy. It covers the medication you may be taking when you leave hospital, and recommendations for follow-up with various doctors. It also explains what may occur in any future pregnancies and in later life. If you have any questions or concerns, please speak to your midwife or doctor.

Controlling blood pressure

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.

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
- labetalol
- nifedipine
- enalapril
- 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 olmesartan
- amlodipine
- ACE inhibitors other than enalapril and captopril.

Your long-term health

Risk of high blood pressure or pre-eclampsic 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.

Further information

Further information can be found on the following websites;

- NICE guidance NG133, Hypertension in pregnancy: diagnosis and management, updated 17 April 2023 <https://www.nice.org.uk/guidance/ng133>
- Role of PET in hypertension <http://www.ncbi.nlm.nih.gov/pubmed/19253523>

To find out more about our Trust visit www.royalberkshire.nhs.uk

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

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Our Maternity Strategy and Vision

'Working together with women, birthing people and families to offer compassionate, supportive care and informed choice; striving for equity and excellence in our maternity service.'

You can read
our maternity
strategy here

