

High blood pressure in pregnancy: postnatal advice

This leaflet is for women who have had high blood pressure in pregnancy, whether or not she had protein in her urine, or abnormal liver tests. It explains what may occur in subsequent pregnancies and in later life. It also covers the medication you may be taking when you leave hospital, and recommendations for follow-up with various doctors. If you have any questions or concerns, please speak to your midwife or doctor.

It is entirely normal for blood pressure to rise a little on the second to fourth days after having your baby, as the fluid in the skin which causes the puffiness of pregnancy begins to go into your circulation before being converted into urine and passed. Women who had high blood pressure towards the end of pregnancy may experience a rise which changes the medication dose schedule for a few days. For most women who have had high blood pressure in pregnancy or in the first few days after the birth of their baby, medication will not be needed at all after around ten days, but a few women need treatment for six weeks or longer.

Breastfeeding and medication

It is safe to breast feed 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

Long-term risk of cardiovascular (heart and blood pressure) or renal (kidney) diseases

High blood pressure is common in adults over the age of 40, with about 1 in 3 to 1 in 4 women having it by their mid-40s⁽³⁾. Up to a third of women who have hypertension in middle age had pre-eclampsic toxæmia – that is high blood pressure and protein in the urine) PET⁽⁴⁾. It is important that your GP monitors this, preferably on a yearly basis. 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 proteinuria persists.

Risk of high blood pressure or PET in next pregnancy

There is an increased risk of having high blood pressure without proteinuria in a future pregnancy. Depending on individual circumstances, the risk ranges from about 1 in 6 (16%) pregnancies to about 1 in 2 (47%) pregnancies.

The risk to a mother who has had mild to moderate PET of having it again ranges from 1 in 50 (2%) to about 1 in 14 (7%) pregnancies. Mothers who had severe pre-eclampsia, or HELLP syndrome (that is, specific abnormalities in liver and blood clotting tests) or eclampsia which led to birth before 34 weeks is around 1 in 4 (25%), and about 1 in 2 (55%) pregnancies if it led to birth before 28 weeks.

These risks seem to persist for 10 years after having had this complication of pregnancy.

Further information

NICE website for the most recent national guideline at
<http://www.nice.org.uk/nicemedia/live/13098/50418/50418.pdf>

References

1. NICE guidance 107, 2010, Hypertension in pregnancy: the management of hypertensive disorders during pregnancy, section 1:9. Published by NICE, London
2. NICE guidance 107, 2010, Hypertension in pregnancy: the management of hypertensive disorders during pregnancy, section 1:10. Published by NICE, London
3. <http://emedicine.medscape.com/article/1928048-overview#a2> National estimates of hypertension.
4. <http://www.ncbi.nlm.nih.gov/pubmed/19253523> Role of PET in hypertension

This document can be made available in other languages and formats upon request.

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