

Recovering from high blood pressure in pregnancy (pre-eclampsia): postnatal advice

This leaflet is for those women who have had high blood pressure in pregnancy, 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

Eat and drink as normal. We advise all new mothers to eat a balanced and healthy diet and to avoid alcohol if breastfeeding. For further information about healthy eating, visit www.nhs.uk/LiveWell/Goodfood

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:

- Methyldopa
- 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:

- 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 (75mg) 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.

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
www.nice.org.uk/guidance/cg107

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

More information is available on the Trust website: www.royalberkshire.nhs.uk

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

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Reviewed: November 2017 (J Siddall)

Approved: Maternity Information Group & Patient Information manager, December 2017

Review due: December 2019