

Raised blood pressure in pregnancy: Gestational hypertension

This leaflet is for those women who have high blood pressure brought on by their pregnancy, usually appearing after week 20 of the pregnancy – known as ‘gestational hypertension’. It explains what it is, how it is monitored and how it is treated during the pregnancy.

If you have any questions or concerns, please speak to your midwife or doctor.

What is gestational hypertension?

If a woman develops hypertension in pregnancy for the first time (usually after 20 weeks) this is called gestational hypertension. Gestational hypertension may be either transient hypertension of pregnancy (a temporary condition) or chronic hypertension (undiagnosed pre-existing condition) that is identified first time in the latter half of pregnancy.

What is hypertension in pregnancy?

Normal pregnancy is associated with a natural fall in blood pressure. High blood pressure or hypertension occurs in 10-15% of all pregnancies. It is defined as a blood pressure of 140 mm Hg (the top number) or 90 mm Hg (the bottom number) (140 over 90) in women known to have normal blood pressure before pregnancy.

Most people cannot feel their blood pressure although sometimes hypertension will cause symptoms.

Please notify your midwife, obstetrician, GP urgently if you develop headache, blurred vision and upper abdominal pain.

Why does hypertension matter?

Developing hypertension in pregnancy (or shortly after birth) is associated with increased complications for both mother and baby. It is therefore important to monitor your pregnancy more frequently if you develop hypertension in pregnancy.

When hypertension causes other effects such as abnormal kidney or liver function or reduced weight gain for your baby, it is called pre-eclampsia. This is a more serious disease which may cause dangerous complications in the mother and baby if not detected and managed.

Assessment and monitoring

If you develop gestational hypertension you and your baby will be monitored more closely by your midwife, GP or obstetrician (maternity doctor). You may also need to attend for additional monitoring in the Day Assessment Unit on Level 3 at the RBH.

Some women may require admission to hospital for further monitoring and/or for treatment of raised blood pressure.

Maternal (mother) and fetal (baby) investigations will be performed to monitor for pre-eclampsia. These will include:

Maternal:

- Blood pressure and urine tests at every visit.
- Blood tests if required.

Fetal:

- Ultrasound scans if your blood pressure goes up before 34 weeks or there is concern later in pregnancy.
- Cardiotocography (CTG) test to check the baby's heart rate pattern by placing a monitor on the mother's abdomen if there are concerns about fetal movements or you have pain, bleeding or uncontrollable blood pressure, or your baby is not growing well.

Treatment

Women with gestational hypertension may require medication to lower their blood pressure. There are different types of medication that are safe to use in pregnancy and your doctor will recommend these if necessary.

Gestational hypertension is usually treated as an outpatient but sometimes women with hypertension will need to be admitted to hospital for closer monitoring or treatment.

Will my labour and delivery be affected by gestational hypertension?

Sometimes, gestational hypertension and pre-eclampsia get worse as pregnancy continues. Induction of labour or delivery by Caesarean birth may be recommended as the only way to cure gestational hypertension. Your midwife, GP or obstetrician will discuss this with you if it is considered necessary, in which case a home birth may not be possible.

Will I get better after pregnancy?

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. Most women with gestational hypertension will find their blood pressure returns to normal after the pregnancy. You may need to take blood pressure medication for a few weeks after delivery until the hypertension settles.

You will not need to stay in hospital just because you are taking blood pressure medication but you may need to remain in hospital until your blood pressure is well-controlled with treatment.

The blood pressure medication you will be given is safe to take when breastfeeding.

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. 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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