Parent information

Queensland Clinical Guidelines

High blood pressure (hypertension) in pregnancy

This information sheet aims to answer some commonly asked questions about high blood pressure (hypertension) in pregnancy

IMPORTANT: This is general information only.
Ask your doctor or midwife about what care is right for you.

High blood pressure (also called hypertension) is a common medical problem in pregnancy. If you develop high blood pressure, your health care provider will monitor you and your baby closely and discuss treatment options with you.

What does 'blood pressure' mean?

Blood pressure is a measure of the pressure in your blood vessels called arteries. Blood pumps through the arteries from your heart to other parts of your body.

Blood pressure measurements are recorded as two numbers called:

- the systolic (the top reading which is when the heart pumps your blood) and
- the diastolic (the bottom reading which is when your heart is resting and refilling with blood between beats)

What is hypertension in pregnancy?

High blood pressure (hypertension) in pregnancy is when your systolic measurement is consistently 140 or more, OR your diastolic measurement is consistently 90 or more, OR your blood pressure is consistently higher than your pre-pregnancy measurement.

Less than 140/90	Normal blood pressure
140/90 to 159/109	Moderate hypertension
160/110 or higher	Severe hypertension

Why is hypertension a problem during pregnancy?

Hypertension while you are pregnant increases the risk of:

- not enough blood going to your placenta. This may mean that your baby gets less oxygen and nutrients. This can cause your baby's growth to slow down, have low weight at birth or be stillborn
- placental abruption: this is where the placenta comes away from the inner wall of your uterus before your baby is born. If this happens, it can cause heavy bleeding and, in severe cases, may cause your baby to die
- preterm birth: sometimes your baby may need to be born early to prevent life-threatening complications for you and your baby

Are there different types of hypertension?

Yes, there are several types of hypertension in pregnancy.

Chronic or essential hypertension

This is when you had high blood pressure before you became pregnant or it starts before you reach 20 weeks of pregnancy, and it continues after the birth of your baby.

Gestational hypertension

This is hypertension that develops after you reach 20 weeks of pregnancy (but was normal before this time). There are usually no other symptoms. Gestational hypertension usually returns to normal within 3 months of your baby's birth. Some women may go on to develop pre-eclampsia.

Pre-eclampsia

This is a severe form of hypertension that develops in pregnancy. Pre-eclampsia is when you have high blood pressure AND other signs or symptoms such as headaches, changes to your vision, pain in your upper abdomen or abnormal blood or urine test results.

Available from www.health.qld.gov.au/qcg
Effective: February 2021 | Review: February 2026 | Doc No: C21.13-1-V3-R26

Clinical Excellence Queensland
Queensland Government

Who is more likely to get pre-eclampsia?

While any pregnant woman can develop pre-eclampsia, you have an increased risk if you:

- have had pre-eclampsia before
- are pregnant for the first time
- have a family history of pre-eclampsia (especially if it was your sister or your mother)
- there is more than 10 years between this pregnancy and your last baby
- have a pre-existing medical condition (e.g. chronic hypertension, diabetes, kidney disease or a mental health diagnosis)
- are under 19 years of age
- have a body mass index (BMI) over 30 kg/m^2
- are pregnant with more than one baby

When should you contact your health care provider?

- You should contact your health care provider or local hospital if you have any symptoms of pre-eclampsia including if you:
- have any of the following symptoms:
  - a bad headache that doesn't go away with simple painkillers (such as paracetamol)
  - changes in your vision, such as blurry vision or flashes of lights
  - pain in the upper abdomen (stomach) or ribs
  - nausea or vomiting
  - you don't feel well, or you feel that 'something isn't right'
  - sudden swelling in your hands or feet
- start having contractions
- don't feel your baby move as much as usual
- have bleeding from your vagina
- feel your waters break (rupture your membranes)

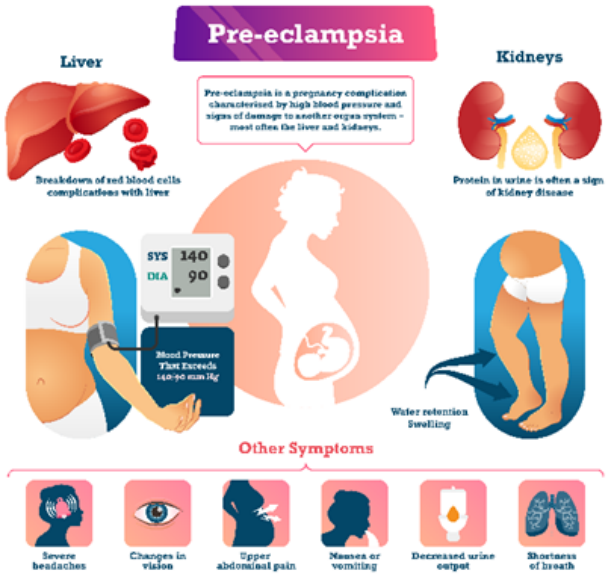

Image: *Signs and symptoms of pre-eclampsia*

What is the treatment for hypertension?

If you have moderate hypertension without any other signs or symptoms, you will usually be offered more regular check-ups and assessments for you and your baby.

This might include:

- more frequent blood pressure readings
- blood and urine tests
- ultrasound assessment of your baby, your placenta and the fluid around your baby
- more frequent monitoring of your baby's heart rate with a machine called a CTG
- medication to lower your blood pressure may be recommended—although this is not always required

It is important to attend all your appointments. Ask any questions you may have and to tell your health care provider if you experience any symptoms of pre-eclampsia.

What if your condition gets worse?

If you develop pre-eclampsia or your hypertension gets worse, admission to hospital may be recommended. Medication to lower your blood pressure is usually needed. If your blood pressure cannot be controlled or your condition gets worse (e.g. liver, kidney or placental functioning is affected), your doctor may recommend that your baby needs to be born, sometimes even early (preterm). They may discuss either inducing your labour or doing a caesarean section. Sometimes, if your condition gets worse, your liver, kidney and placenta may not work as well as they could.

What is eclampsia?

Eclampsia is an uncommon condition that causes the mother to have a seizure (fit). It can occur if pre-eclampsia is untreated or does not respond to treatment.

What might happen during your labour?

If you have hypertension or pre-eclampsia, you and your baby will be given additional monitoring and care during labour. Continuous monitoring of your baby's heartbeat with a CTG machine will be recommended to you. You may be advised to have an IV or a "drip" to give you fluids and medications. One of these medications is called magnesium sulfate and is used to prevent and treat eclampsia. If you have magnesium sulfate medication this will be continued for 24 hours after the birth of your baby. If you or your baby show signs that the pre-eclampsia is worsening, a caesarean section may be recommended.

What might happen after your baby is born?

Pre-eclampsia can also develop for the first time after birth, so you and your baby will continue to be monitored closely in hospital, and once you go home. If you were taking medication for hypertension before your baby was born, you may need to continue to take it (possibly for up to 6 weeks or longer). You will be given medications that are safe to take while breastfeeding. Your GP will continue to monitor your blood pressure, advise you when it is safe to stop taking any medications and also support you when planning future pregnancies.

Image: *Mother and baby*

Support & Information

13HEALTH (13 432584) is a phone line that provides health information, referral and services to the public. www.qld.gov.au/health/contacts/advice/13health

Pregnancy, Birth & Baby Helpline 1800 882 436 (free call) offers free, confidential, professional information and counselling for women, their partners and families relating to issues of conception, pregnancy, birthing and postnatal care www.health.gov.au/pregnancyhelpline

Women's Health Queensland Wide 1800 017 676 (free call) offers health promotion, information and education service for women and health professionals throughout Queensland. www.womhealth.org.au

Australian Breastfeeding Association 1800 686268 (breastfeeding helpline). Community based self-help group offers information, counselling, and support services, on breastfeeding issues www.breastfeeding.asn.au

Lifeline 13 11 14 Lifeline offers a telephone crisis support service to anyone www.lifeline.org.au