

High Blood Pressure and Preeclampsia in Pregnancy

What Is High Blood Pressure?

Blood pressure is the force of the blood against the blood vessel walls each time the heart beats (squeezes) to pump the blood through your body. High blood pressure is when this force is high enough that it may cause health problems. High blood pressure also is called **hypertension**. During pregnancy, severe or uncontrolled hypertension can cause problems for you and your baby.

What Is Chronic High Blood Pressure?

It is high blood pressure that you have **before** pregnancy or **during the first half** of your pregnancy. If you took blood pressure medicine before you became pregnant—even if your blood pressure is normal—you have chronic high blood pressure.

What Is Gestational High Blood Pressure?

It is high blood pressure that **starts** in the second half (after 20 weeks) of pregnancy. It usually goes away after childbirth but may increase the risk of getting high blood pressure in the future.

Can Women With High Blood Pressure Have Normal Pregnancies?

Yes. Most women with high blood pressure will have a normal pregnancy and a vaginal birth.

But women with high blood pressure have a higher chance of having certain problems during pregnancy.

- **Preeclampsia** is when you have both high blood pressure and too much protein in the urine (pee) or problems with some organs. It usually happens during the second half of pregnancy and can be dangerous. It can cause problems with a baby's growth in the mother's uterus. It can also affect the mother's liver, kidneys, blood, heart, eyes, and nervous system.
- **Placental abruption** – The placenta is inside the uterus and brings the baby nutrients and oxygen and carries away waste. It is attached to the inside wall of the uterus. A placental abruption is when part or all of the placenta separates from the uterus before the baby is born. If this happens, the baby might not get enough nutrients and oxygen.
- **Slowed growth of the baby** – The baby can be small and not grow well.



What do the Numbers Mean?

When providers tell you your blood pressure, they will say 2 numbers.

For instance, they might say that your blood pressure is "140 over 90."

To be diagnosed with preeclampsia or high blood pressure, your top number must be 140 or higher, or your bottom number must be 90 or higher.

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What are the signs of preeclampsia?

Most women with preeclampsia do not feel any different than usual. It usually does not cause symptoms unless it is severe. Signs and symptoms of severe preeclampsia include:

- A bad headache that does not go away with Tylenol, rest, drinking, or eating
- Changes in vision: blurry vision, flashes of light, spots
- Constant pain in the upper belly (above where the baby is) or shoulder – usually on the right side or in the middle

If you have any of these symptoms, tell your provider. It might not be preeclampsia, because these symptoms can also happen in normal pregnancies. But it's important that your provider knows about them.

Is There a Test for Preeclampsia?

Yes. To test for preeclampsia, your provider will take your blood pressure and check your pee for protein. They will also do blood tests to make sure your organs are working as they should.

What Causes Preeclampsia?

It is not clear why some women develop preeclampsia, but the risk of developing preeclampsia is increased in women who:

- are pregnant for the first time
- had preeclampsia before or have a family history of preeclampsia
- have a history of chronic high blood pressure, kidney disease, or both
- are 40 years or older
- are carrying more than one baby
- have certain medical conditions such as **diabetes**, **thrombophilia** (prone to having blood clots), or **lupus** (a disease of the immune system)
- are obese
- have had had **in vitro fertilization**



How Is Preeclampsia Treated?

For preeclampsia that starts during pregnancy, the only cure is to deliver the baby. Your provider will help you decide whether it is better for you to have your baby right away, or to wait.

If you are near your due date—

Your provider may give you medicine to start contractions. This is called "inducing labor." Most women are able to give birth the usual way, through the vagina. In some cases, there may be a need for a C-section. A C-section, or "cesarean delivery," is a type of surgery used to get the baby out of the uterus.

If your due date is not for a few weeks, and your preeclampsia is not bad—

Your provider might wait to deliver your baby. This is to give the baby more time to grow and develop. If your provider decides to wait, he or she will check you and your baby often for any problems. You might need to stay in the hospital.

If your blood pressure is very high—

Your provider might give you medicine to lower your blood pressure. This is to keep you from having a stroke (a clot or a rupture in the blood vessels in the brain).

What Can I Do to Prevent Preeclampsia?

You can't prevent preeclampsia.

The most important thing you can do is to keep all the appointments you have with your provider. That way, they can find out as soon as possible if your blood pressure goes up, or if you have too much protein in your pee or any other problems.

Also, call someone on your health care team right away if you have symptoms of preeclampsia. Your provider can do things to keep you from having worse problems from preeclampsia.

If you are at high risk for preeclampsia, your provider might tell you to take low-dose aspirin after 12 weeks. Your provider can tell you if you are at high risk. **But do not take aspirin or other medicines unless your provider tells you it's safe.**

Eclampsia

Women with preeclampsia can sometimes have seizures – this is called eclampsia. Your provider might give you medicine during labor to prevent this especially if your blood pressure is very high.

If you have the severe form of pre-eclampsia your provider will give you medicine called magnesium during labor and for 24 hours after your delivery. Magnesium can help prevent eclampsia (seizures). It is given through an IV.



Important Phone Numbers

Triage Logic (Nurse Advice Line): 1-877-925-6877

UNM OB Triage
505-272-2460

UNM Women's Health Clinic
505-272-2245