

Raised Blood Pressure in Pregnancy

Maternity Department



Raised Blood Pressure in Pregnancy

What to expect

This leaflet is about the care and treatment of women who have high blood pressure (hypertension) in pregnancy. There are 3 types of hypertension that can occur in pregnancy:

- **Chronic hypertension:** high blood pressure existing before pregnancy
- **Gestational hypertension:** high blood pressure occurring for the first time in pregnancy
- **Pre-eclampsia:** high blood pressure & protein in the urine occurring for the first time in pregnancy.

Any of these can have mild, moderate or severe high blood pressure.

- Mild – a reading between 140/90 and 149/99 mmHg
- Moderate – a reading between 150/100 and 159/109mmHg
- Severe – a reading of 160/110 or higher mmHg

The treatment you will be offered depends on what type of high blood pressure you have and how high your blood pressure is. Generally, mild blood pressure will just be monitored by the midwife or doctor. However, moderate or severe high blood pressure will need treatment with medication. Your blood pressure will be monitored regularly and you will need to have blood and urine tests.

If your blood pressure is very high, you may be advised to have your baby early either by inducing labour or by caesarean section.

Symptoms of pre-eclampsia:

Tell your doctor or midwife straight away if you are more than 20 weeks pregnant and have any of the following symptoms.

- Severe headache
- Problems with your eyesight (severe blurring or flashing lights)
- Severe pain just below your ribs
- Vomiting
- Sudden swelling of your face, hands or feet

If you cannot speak to your GP or Community Midwife **that day**, please contact the Day Assessment unit on **01932 722657** (or out of office hours contact the triage midwife on **01932 722835**).

You should be offered an appointment to have your urine tested and your blood pressure checked. If your blood pressure is high you may need to have blood tests and might even need to be admitted to hospital.

Medicines for high blood pressure in pregnancy

Very few medicines are licensed to use if you are pregnant, but having a license does not mean that a drug is unsafe to use in pregnancy or breastfeeding. The medicines in this leaflet have all been used safely for many years.

Women with hypertension in pregnancy are not usually prescribed medication unless their blood pressure goes above 150/100 mmHg, but in women with unusual medical conditions, such as kidney disease, drugs may be prescribed to keep the blood pressure at a lower level.

If you have been prescribed blood pressure medication try to take the tablets regularly at the same times each day. If you forget a dose, take it when you remember (unless it is nearly time for your next dose) then carry on as normal. **Do not take a double dose to make up for a missed dose.**

Blood pressure medication advised preconception and in the first 3 months of pregnancy.

- Ideally women on blood pressure drugs will discuss their medication with a doctor before conception.
- Avoid ACE inhibitors (such as ramipril, enalapril, lisinopril), ARB's (such as losartan, irbesartan, and candesartan) and chlorothiazide diuretics.
- If a woman conceives on one of the above drugs her doctor should stop her medication as soon as possible. Alternative medication may be required.

- The evidence available has not shown an increased risk of fetal abnormalities with drugs other than the 3 groups above. Therefore other blood pressure drugs are generally continued in the first 3 months of pregnancy.

Blood pressure drugs used in pregnancy

Labetalol: is generally the first choice of blood pressure medication as it is licensed for use in pregnancy, however, it should not be given to asthmatics as it can produce a severe asthma attack (this will not occur in a woman who does not have asthma).

Most women do not experience any side effects on labetalol, but a few report feeling tired or dizzy. Some women have cold hands and feet whilst taking labetalol, and a few feel sick (but remember heartburn is also associated with nausea).

Atenalol: is a drug related to labetalol and is often given to women planning pregnancy who require blood pressure medication. It is generally only given in the first 3 months of pregnancy. Atenalol should not be given to women with asthma.

Most women do not experience and side effects on atenalol, when side effects occur they are the same as in women taking labetalol.

Nifedipine (a calcium channel blocker): is a blood pressure drug often given to asthmatic women who require blood pressure treatment in pregnancy (as per NICE guidelines). It comes in both a capsule and tablet form. If you are prescribed the capsules they should be swallowed whole, do not crush or chew the capsules as this will release the drug rapidly. You should avoid grapefruit (juice or fruit) if you take nifedipine.

Most women do not experience any side effects on nifedipine, but some women report feeling tired or dizzy. Nifedipine can cause headaches and flushing this is less common with the tablet form (slow or modified release). Generally the headache and flushing side effect is mild and only occurs when the treatment is started or increased. However, some women do get significant side effects sufficient to require a change of medication.

Amlodipine: is a long acting calcium channel blocker after given to women who require blood pressure medication when planning pregnancy. It is generally only given in the first 3 months of pregnancy.

Most women do not experience any side effects on amlodipine, when side effects occur they are the same as women taking nifedipine.

Methyldopa: historically was the drug given to pregnant women, and those planning pregnancy, it is therefore known to be very safe in pregnancy. Methyldopa is less frequently used nowadays as many women experience side effects whilst taking this drug.

The most common side effect is lethargy (extreme tiredness) and excessive sleeping. Some women become depressed whilst taking methyldopa, it should therefore generally be avoided in

women with a history of depression. Due to its association with depression methyldopa is generally avoided in the postnatal period, but can be used if necessary.

Other blood pressure drugs: other less commonly used blood pressure drugs can be considered for use in pregnancy. If you are prescribed these they will be discussed with you by your consultant.

Continuing your treatment

If you are started on any medication, you will need to take this every day, even when you are in labour. You will need to continue taking medication after the baby is born.

When you are discharged from hospital you will be given a blood pressure management plan which your community midwife will follow. The hospital will only prescribe medication for 2 weeks, so if you are still on treatment 10 days after the birth you must arrange an appointment with your GP on or before day 14.

Your blood pressure management will then be with your GP, the community midwife will not visit after day 14 (except in very unusual circumstances.).

Breast feeding your baby

NICE recommends the following drugs have “no known adverse effects on babies receiving breast milk”:

- Labetalol
- Atenalol
- Nifedipine
- Captopril
- Enalapril

Further Information

We endeavour to provide an excellent service at all times, but should you have any concerns please, in the first instance, raise these with the Matron, Senior Nurse or Manager on duty. If they cannot resolve your concern, please contact our Patient Advice and Liaison Service (PALS) on 01932 723553 or email pals@asph.nhs.uk. If you remain concerned, PALS can also advise upon how to make a formal complaint.

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We can provide interpreters for a variety of languages, information in larger print or other formats (e.g. audio) - please call us on 01932 723553.

To use the Text Relay service, prefix all numbers with 18001.

اگر نیاز به ترجمہ دارید، لطفاً با شماره 01932 723553 تماس بگیرید۔

ਜੇ ਤੁਹਾਨੂੰ ਤਰਜਮੇ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਇਸ ਨੰਬਰ ਤੇ ਫੋਨ ਕਰੋ: 01932 723553

اگر آپ اس کا اردو زبان میں ترجمہ چاہتے ہیں، تو براہ کرم اس فون نمبر 01932 723553 پر رابطہ کریں

Se precisa de uma tradução por favor contacte: 01932 723553

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यदि आपको अनुवाद की जरूरत है तो कृपया इस नंबर पर फोन करें: 01932 723553

Jeżeli chcemy, aby te informacje w innym języku, proszę zadzwonić 01932 723553

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