

Antenatal hypertension (high blood pressure)

Advice for women during pregnancy

This leaflet is for women with hypertension (high blood pressure) in pregnancy. We offer specialist care to pregnant women with hypertension to help look after you and your baby during your pregnancy.

This leaflet explains how the team of doctors and specialist midwives at the Hypertension in Pregnancy (HiP) clinic can help you. We look after women who have hypertension which developed before or during their pregnancy and also women who may be at greater risk of developing high blood pressure. Most women with high blood pressure have a normal pregnancy; with our added care we hope you will be one of these women.

Why do I need to come to the Hypertension in Pregnancy Clinic?

You have been asked to come to the clinic because you already have high blood pressure or you have a higher risk of having blood pressure problems in your pregnancy. You may have been asked to see us because you have:

- an existing medical condition that means you are more likely to get high blood pressure
- high blood pressure diagnosed early in pregnancy
- protein in your urine or other kidney problems in this pregnancy.

At your appointments we will:

- ask you how you are feeling
- check on your baby's well being
- measure your blood pressure
- measure the protein in your urine
- take blood tests to check how your kidneys, liver and blood are working.

These tests help us to check that you and your baby are safe. We might recommend you have other tests or treatment.

At the HiP clinic we will get to know your individual needs. We will work with you to plan your care and any treatment you need to keep you and your baby safe.

What is hypertension?

Hypertension is the medical word for high blood pressure. About one in ten of all pregnancies are affected by hypertension.

Your blood pressure (BP) is written as two numbers, for example, 120/60. The higher number is the systolic pressure. This is the pressure on your arteries (blood vessels) when your heart contracts or beats. The lower number is the diastolic pressure. This is the pressure on your arteries when your heart relaxes between beats.

In pregnancy a normal blood pressure is below 140/90.

Hypertension before pregnancy

Chronic or essential hypertension is another way of describing high blood pressure that you may have had for some time. If you are diagnosed with high blood pressure before you become pregnant, or within the first 20 weeks of your pregnancy, you have chronic hypertension. This is not caused by your pregnancy and will not go away once you have given birth. If you have chronic hypertension you are likely to be taking medication already. It is important that you come to the HiP clinic early in your pregnancy so we can check you are getting the right treatment and that it is safe for your baby.

Chronic hypertension is different to gestational hypertension where the high blood pressure is caused by the pregnancy. This affects around 3% of pregnant women and can be managed throughout pregnancy.

What affects my blood pressure?

There are lots of things that can affect your blood pressure, including being anxious about being in hospital, being overweight or smoking.

Your body has lots of ways of keeping it within the normal range so, if your blood pressure is high, it is important that you take medicines to keep you healthy. Most women do not have any symptoms when their blood pressure is high.

How can hypertension affect your pregnancy?

If you have untreated high blood pressure you are at a higher risk of kidney and liver disease and stroke, and it puts your pregnancy at increased risk of complications. This can affect both your health and your baby's. As well as the risks above, high blood pressure in pregnancy can increase the risk of:

- pre-eclampsia (see below)
- the baby not growing well
- early delivery.

Pre-eclampsia

A concern for women with high blood pressure in pregnancy is the increased risk of developing pre-eclampsia. Pre-eclampsia is a condition in which a pregnant woman develops high blood pressure and has protein leaking into her urine. Pre-eclampsia is detected by regular blood pressure measurements and urine samples. It can be more difficult to diagnose in women who already have high blood pressure or protein in their urine.

This is why it is important to attend all your antenatal appointments, where these tests will be carried out. The main warning signs are listed on the next page. By being aware of the signs you can help us to diagnose you quickly if you do develop pre-eclampsia.

If you would like more information about pre-eclampsia you can ask your doctor or visit www.patient.info/health/pre-eclampsia-leaflet

Warning signs for pre-eclampsia;

- any headache, especially if it is severe or pounding
- heart palpitations
- dizziness
- swelling in your face, especially around the eyes
- sudden swelling of your hands or legs
- changes to your vision, such as blurriness, loss of sight, double vision or flashing lights
- severe pain or tenderness in your abdomen (tummy)
- nausea or vomiting (other than usual morning sickness).

If you experience any of these warning signs please get medical help urgently.

How is high blood pressure in pregnancy treated?

If your blood pressure is high, you will usually need to take tablets to treat it. The most common medicines that are nationally recommended for use in pregnancy are labetalol, nifedipine and methyldopa because they have been used for a long time and are safe to use in pregnancy. We will recommend the medicine we think is most likely to work for you.

Labetalol – This medication should not be used in women with asthma. Please tell your doctor and midwife if you have asthma.

Nifedipine – This sometimes gives you a headache for the first couple of days you are taking it but usually gets better. Headaches can be eased by taking a painkiller such as paracetamol.

MethylDopa- This is an excellent medicine with a good safety record. It is not used as often as a first choice as it can cause drowsiness and occasionally makes women feel depressed.

We may also recommend you take a low dose aspirin (75mg) tablet from 12 weeks of pregnancy and may suggest other medication such as vitamin D and folic acid.

What should I do if I feel unwell or my blood pressure is high?

We will make regular appointments to see you at the HiP clinic. If your doctor or midwife tells you your blood pressure is too high or you have checked it at home and it is high, we will want to see you sooner than your next booked appointment.

If the top blood pressure number (the 'systolic') is over 160 or you feel unwell we would like to see you the same day. You can come to the Antenatal Day Unit (ADU) (available 8am-8pm Monday to Sunday, except Christmas Day). Please call the ADU to let us know you are coming.

If your blood pressure is over 150/100 we want to see you that same week. Call the HiP clinic and ask for an appointment slot, available on Wednesday afternoons. The contact details are on page 11 of this leaflet.

Planning the birth of your baby

As your pregnancy progresses we will talk to you about your preferences for the birth of your baby.

If you have high blood pressure and require medication during labour, we will recommend continuous electronic fetal monitoring. This is because having hypertension makes it more likely that your baby will become distressed in labour. We monitor the baby using a cardiotocograph (CTG) held to your tummy with an elastic strap. This tells us how well your baby is coping during labour and it will also alert us to any sudden changes, such as a placental abruption (when the placenta starts to come away from the womb's inner wall before your baby is born). We will talk to you about this and make an individual care plan for you and your baby.

We commonly suggest that women with uncomplicated hypertension are delivered by 40 weeks (their due date). We may bring this forward if your blood pressure rises during the pregnancy or we have other concerns (such as your baby not growing as well as we would like).

Most often this involves induction of labour with the use of a vaginal pessary which contains a hormone medicine. It is placed in your vagina, close to the neck of your womb (cervix). The medicine softens the cervix and may also lead to the start of regular contractions.

If there are concerns about how you or your baby will cope with labour, we may suggest that you have a caesarean section.

You can discuss the options available to you with one of the HiP clinic doctors or the specialist midwife. The contact details are on page 11 of this leaflet.

Research

We often run research projects to try and improve our knowledge of – and treatments for – blood pressure problems in pregnancy. We may ask you to take part. We will always explain what is involved beforehand. If you decide not to take part, your care will not be affected by your decision.

More information

Action on Pre-eclampsia

Helpline Tel: 020 8427 4217

www.action-on-pre-eclampsia.org.uk

See **NHS Choices** for information on healthy eating and exercise following childbirth

www.nhs.uk/conditions/pregnancy-and-baby/pages/keeping-fit-and-healthy.aspx

Sharing your information

We have teamed up with Kings' College Hospital in a partnership known as King's Health Partners Academic Health Sciences Centre. We are working together to give our patients the best possible care, so you might find we invite you for appointments at Kings College Hospital. To make sure everyone you meet always has the most up-to-date information about your health, we may share information about you between the hospitals.

Care provided by students

We are a teaching hospital which provides clinical training for many types of healthcare worker. Our students get practical experience by treating patients under the supervision of a trained member of staff. This is an important part of their training. We understand not everybody wishes to help with training the healthcare workers of tomorrow. Please tell your doctor or nurse if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

Contact details

Antenatal Day Unit on **020 7188 1722/1723**

7th Floor North Wing, St Thomas' Hospital (available 8am-8pm Monday to Sunday, except Christmas Day)

If you are concerned about your blood pressure or feel unwell outside the above opening hours, call the **Hospital Birth Centre** on **020 7188 2973**. It is important to seek professional advice as soon as possible, even if it is late at night.

The HiP clinic is on Wednesday afternoons between 2pm – 5pm. Antenatal Clinic, 8th Floor, North Wing, St Thomas' Hospital. Appointment line: **020 7188 8001**

For general pregnancy advice or blood test results you can call the **Maternity Helpline** (available Monday to Friday 10am–6pm, except bank holidays) on **020 7188 8760**.

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.guysandstthomas.nhs.uk/leaflets

Pharmacy Medicines Helpline

If you have any questions or concerns about your medicines, please speak to the staff caring for you or call our helpline.

t: 020 7188 8748 9am to 5pm, Monday to Friday

Your comments and concerns

For advice, support or to raise a concern, contact our Patient Advice and Liaison Service (PALS). To make a complaint, contact the complaints department.

t: 020 7188 8801 (PALS) **e:** pals@gstt.nhs.uk

t: 020 7188 3514 (complaints)

e: complaints2@gstt.nhs.uk

Language support services

If you need an interpreter or information about your care in a different language or format, please get in touch:

t: 020 7188 8815 **e:** languagesupport@gstt.nhs.uk

NHS 111

Offers medical help and advice from fully trained advisers supported by experienced nurses and paramedics. Available over the phone 24 hours a day.

t: 111

NHS Choices Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.

w: www.nhs.uk

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