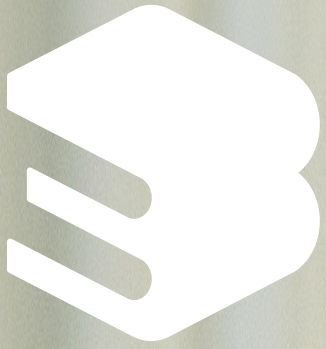


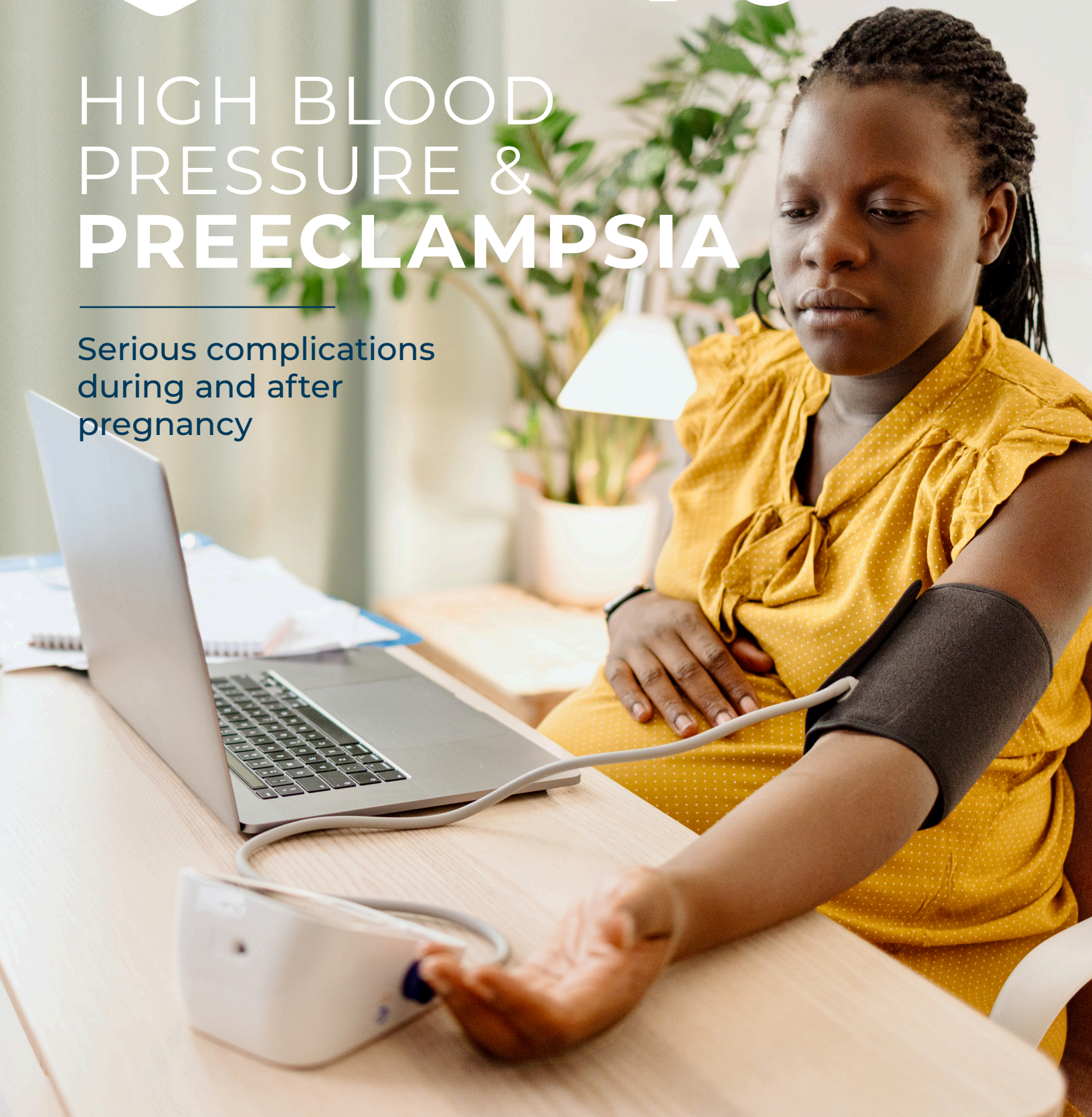
M A T E R N I T Y E D U C A T I O N



baby360™

HIGH BLOOD PRESSURE & **PREECLAMPSIA**

Serious complications
during and after
pregnancy



HIGH BLOOD PRESSURE AND PREECLAMPSIA

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High blood pressure (also called hypertension) can be a serious health risk at any stage of life. But when your blood pressure is too high during pregnancy, you and your baby are both at a higher risk for developing a range of potentially life-threatening complications.

Preeclampsia is a dangerous blood pressure–related health complication that may occur during pregnancy or in the weeks following your baby’s birth (postpartum period). For added clarity, this article will cover what pregnant people need to know about *high blood pressure* in the first section, then outline the etiology and warning signs of *preeclampsia* in the second section.

If you are pregnant, the most important thing you need to know right now is that both high blood pressure and preeclampsia are **very serious conditions** with the potential to cause extreme consequences during and after pregnancy. To protect the health of you and your baby, please:

- Read this content carefully
- Have your blood pressure checked regularly
- Always follow your health care provider’s instructions
- Learn the preeclampsia warning signs
- Seek medical care right away if you think something might be wrong

SECTION 1

HIGH BLOOD PRESSURE

What does blood pressure mean? It's the force with which the blood in your body pushes against the walls of specific blood vessels called **arteries**. Arteries bring blood from the heart to the lungs, where it picks up oxygen and moves out to organs and tissues that need oxygen to function. **Veins** (another type of blood vessel) then return the blood to your heart where the process continues.

When blood is pushing too hard against the walls of your arteries, it can damage your heart and the delicate inner lining of the artery walls, causing many types of health problems. In fact, the American Heart Association calls hypertension "the silent killer" because it doesn't typically have any signs or symptoms, so many people don't even know that their blood pressure is too high.

To measure blood pressure, a medical professional will wrap an inflatable cuff around your arm, then inflate to gently tighten it. The cuff has a gauge that measures your blood pressure in terms of 2 numbers separated by a slash:

- The first number (**systolic blood pressure**) is the pressure against your artery walls when your heart contracts.
- The second number (**diastolic blood pressure**) is the pressure against your artery walls when your heart relaxes.
- A normal blood pressure reading is around 120/80 (or less) and would be referred to as "120 over 80."



BLOOD PRESSURE AND PREGNANCY

Severe or uncontrolled high blood pressure during pregnancy places your baby at higher risk of being born too soon, known as a **premature**, or **preterm, birth**. Preterm babies have an increased risk of problems with breathing, eating, staying warm, hearing, and vision. In fact, some preterm complications can last a lifetime and require ongoing medical care.



High blood pressure also increases your risk for developing potentially harmful health complications, including placental abruption, liver damage, kidney damage, bleeding problems, seizures, and cesarean birth.

Your health care provider will check your blood pressure at every prenatal care visit. Because blood pressure changes often during the day, if you have one high reading, your provider will want to check your pressure again later. If your blood pressure is consistently abnormal, you may need to monitor it at home during different times of the day and/or take medication.



CHRONIC AND GESTATIONAL HYPERTENSION

There are 2 categories of hypertension that need to be monitored closely during and after pregnancy:

- **Chronic hypertension** means you had high blood pressure before you became pregnant or developed it *before* completing the first half of your pregnancy (20 weeks)
- **Gestational hypertension** means that you developed high blood pressure *after* the first 20 weeks (second half) of your pregnancy

Chronic Hypertension

In the first 20 weeks of pregnancy, a person's blood pressure normally goes down. So if your hypertension is mild, your blood pressure may stay low or even return to normal during this period. But if your blood pressure is 140/90 or higher, your health care provider may recommend that you start or continue taking blood pressure medication while you're pregnant.

It's very important to monitor chronic high blood pressure regularly and take medication if you need it to keep your pressure in the normal range. Having high blood pressure can reduce the flow of blood to the baby, depriving them of the essential nutrients and oxygen they need to grow.

You may also need to monitor your blood pressure at home for 1 to 2 weeks after giving birth. Blood pressure typically increases in the first weeks after childbirth, and your health care provider may need to change your medication and confirm that it's safe to take when you're breastfeeding. Never stop taking any blood pressure medication without talking to your health care provider first!

Gestational Hypertension

Some people will develop high blood pressure for the first time during the second half (after 20 weeks) of pregnancy. The diagnosis of gestational hypertension is usually made when your blood pressure reading is **140/90 or higher**.

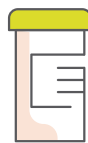
Most people with gestational hypertension have only a small increase in blood pressure. But a few will develop severe hypertension (**160/110 or higher**), which increases the risk of very severe complications. If you are diagnosed with gestational hypertension, your health care provider will monitor you closely for signs of preeclampsia and to make sure your blood pressure doesn't get too high.

Although gestational hypertension usually goes away after childbirth, it may increase your risk of developing high blood pressure in the future. That's why it's so important to eat healthy foods and get regular exercise to help manage your blood pressure during pregnancy and beyond.

CHRONIC HYPERTENSION: FIRST 20 WEEKS OF PREGNANCY



Blood pressure is 140/90 or higher



Health care provider may prescribe medication



High blood pressure can deprive baby of essential nutrients and oxygen



Symptoms developed during first half of pregnancy

GESTATIONAL HYPERTENSION: AFTER 20 WEEKS OF PREGNANCY



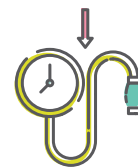
Your health care provider will monitor your blood pressure



Health care provider will look for signs of preeclampsia



May increase your risk of high blood pressure in the future



Blood pressure should return to normal after birth when managed

SECTION 2

PREECLAMPSIA

Preeclampsia is a serious blood pressure–related disorder that can affect different organs in your body. Although it typically develops after week 20 of pregnancy, preeclampsia can sometimes appear after the baby is born (**postpartum preeclampsia**). If preeclampsia isn't diagnosed and treated early, it can lead to seizures, strokes, premature birth, or even death.

There is no screening test to predict who might develop preeclampsia. What makes this condition so dangerous is that it can cause a wide range of symptoms, although some people won't have *any* symptoms or just mild ones. That's why it's extremely important to go to every scheduled prenatal checkup with your health

care provider, especially during the second half of your pregnancy. And learn the preeclampsia warning signs and risk factors.

A high blood pressure reading may be the first sign of preeclampsia. If hypertension is confirmed after several readings, you may have a urine test to check protein levels and lab tests to check liver and kidney function and measure the number of platelets in your blood.

If you do develop preeclampsia — especially if your baby was born preterm — you will have a **higher lifetime risk** of kidney disease, heart attack, stroke, and high blood pressure. Plus a higher risk of having preeclampsia again during a future pregnancy.



WARNING SIGNS AND RISK FACTORS

According to the Preeclampsia Foundation, fewer than half of pregnant people know the signs and symptoms of preeclampsia. And many do not share their symptoms or seek medical help because they think they may be overreacting. To protect your life and the life of your unborn baby, please remember this:

Preeclampsia is a very dangerous condition. But it can be treated if caught early! If you have any of the following symptoms or something just doesn't feel right, trust your instincts and call your health care provider right away.



Symptoms may include:

- Sudden weight gain and swelling of your hands and face
- Dull or severe, throbbing headaches
- Vision changes: flashing lights, auras, light sensitivity
- Sudden onset of nausea or vomiting
- Upper abdominal or shoulder pain
- Shortness of breath, confusion or anxiety
- Decreased urination

Some people may be at a higher risk for developing preeclampsia than others. Known risk factors include — but aren't limited to — the following:

- You have high blood pressure or kidney disease
- You have diabetes or obesity
- You are over age 35 or under age 20
- This is your first pregnancy
- You are carrying twins or other multiples
- You became pregnant using in-vitro fertilization
- You have a family history of preeclampsia
- You have polycystic ovarian syndrome or sickle cell disease
- You have lupus or another autoimmune disorder
- You are considered low income
- You are Black



POSTPARTUM PREECLAMPSIA

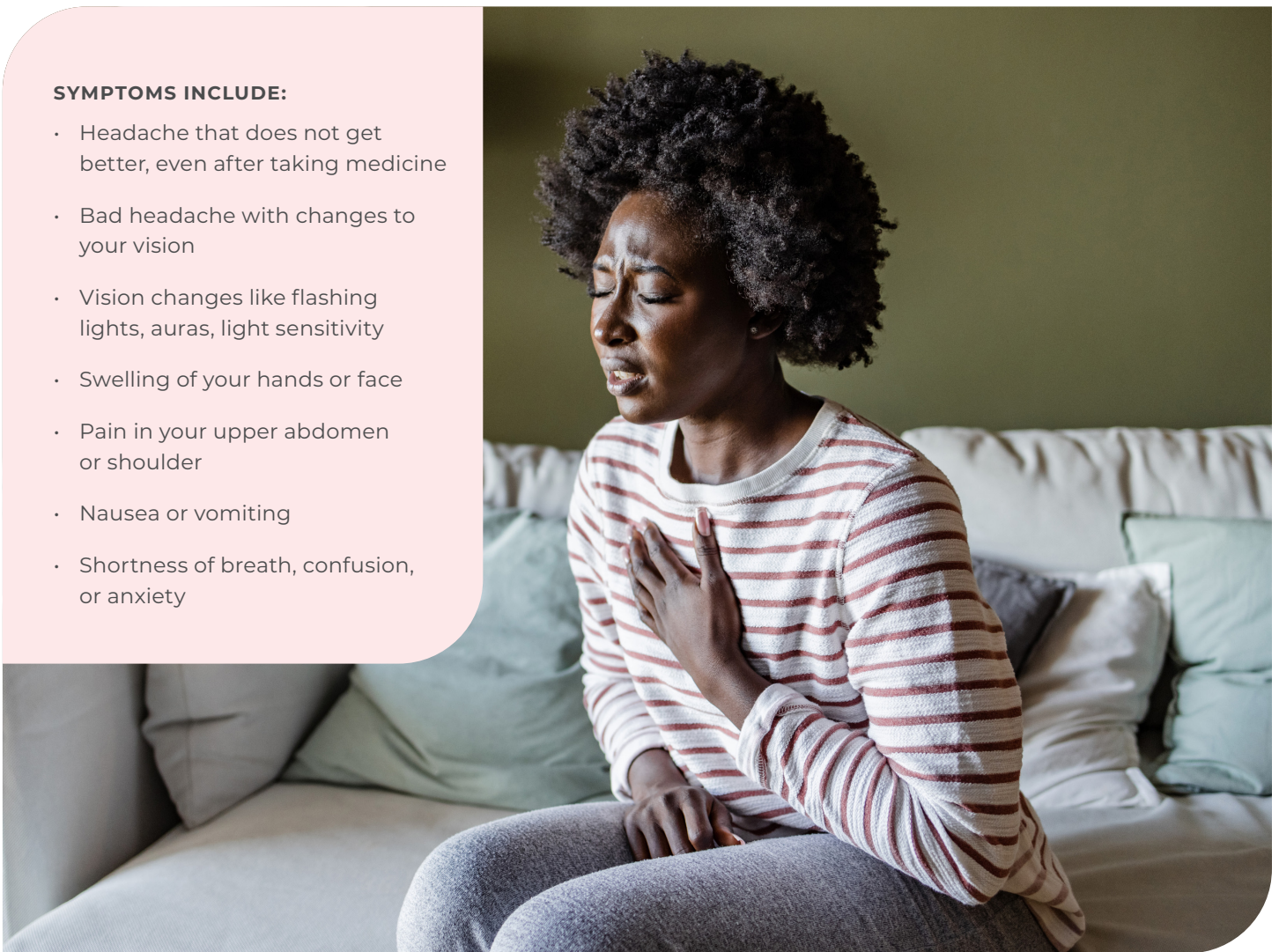
Postpartum preeclampsia is a rare but dangerous condition that occurs when someone develops high blood pressure and excess protein in their urine after giving birth. Postpartum preeclampsia typically happens within 48 hours of having the baby, although it can develop up to 6+ weeks after your baby's birth, known as the postpartum period.

Postpartum preeclampsia can happen to anyone, even if they did not have high blood pressure during their pregnancy. And it can be more dangerous than preeclampsia during pregnancy because the condition can be hard to identify. Especially as your focus is on your new baby and your own postpartum recovery. To be safe, be sure to keep your postpartum follow-up appointment. And if you are at a higher risk for this condition, it's a good idea to make an earlier appointment.

The symptoms of **postpartum preeclampsia** are similar — but not identical — to those of preeclampsia in pregnancy. **Postpartum preeclampsia is a very dangerous condition. But it can be treated if caught early!** If you have any of the following symptoms or something just doesn't feel right, trust your instincts and call your health care provider right away.

SYMPTOMS INCLUDE:

- Headache that does not get better, even after taking medicine
- Bad headache with changes to your vision
- Vision changes like flashing lights, auras, light sensitivity
- Swelling of your hands or face
- Pain in your upper abdomen or shoulder
- Nausea or vomiting
- Shortness of breath, confusion, or anxiety



Left untreated, postpartum preeclampsia can cause seizures and other threatening complications. So **take these symptoms seriously** and **seek medical help immediately** if you think you may have developed postpartum preeclampsia. And if you go to an emergency room or urgent care facility, be sure to tell them that you recently had a baby.