Gestational Hypertension
(high blood pressure)
In Pregnancy

What is hypertension in pregnancy?

Normal pregnancy is associated with a natural fall in blood pressure. High blood pressure or hypertension occurs in 7% - 10% of all pregnancies. It is defined as a blood pressure of 140 mm Hg (the top number) or 90 mm Hg (the bottom number) in women known to have normal blood pressure before pregnancy.

Most people cannot feel their blood pressure although sometimes hypertension will cause symptoms.

Please notify your midwife, obstetrician, GP or the Labour Ward at RHW urgently if you develop headache, blurred vision and upper abdominal pain.

What is gestational hypertension?

If a woman develops hypertension in pregnancy for the first time (usually after 20 weeks) this is called gestational hypertension.

Why does hypertension matter?

Developing hypertension in pregnancy (or shortly after delivery) is associated with increased complications for both mother and baby. It is therefore important to monitor your pregnancy more frequently if you develop hypertension in pregnancy.

When hypertension causes other effects such as abnormal kidney or liver function or reduced weight gain for your baby, it is called pre-eclampsia. This is a more serious disease which may cause dangerous complications in the mother and baby if not detected and managed.

Assessment and monitoring

If you develop hypertension you and your baby will be monitored more closely by your midwife, GP or obstetrician. You may also need to attend for special observation in the Pregnancy Day Stay, Level 4, RHW. Some women may require admission to hospital for closer monitoring.

Maternal (mother) and fetal (baby) investigations must be performed to monitor for preeclampsia. These may include:

Maternal:

- Blood pressure checks over a few hours
- Blood and urine tests once or twice a week.
Fetal:

- Cardiotocograph (CTG) test to check the baby’s heart rate pattern by placing a monitor on the mother’s abdomen.
- Ultrasound scans

Treatment

Women with gestational hypertension may require medication to lower their blood pressure. There are a number of medications that are safe to use in pregnancy and your doctor will only use these if they are necessary.

Gestational hypertension is usually treated as an outpatient but sometimes women with hypertension will need to be admitted to hospital for closer monitoring or treatment.

Will my labour and delivery be affected by gestational hypertension?

Sometimes. Gestational hypertension and pre-eclampsia tend to get worse as pregnancy continues. Induction of labour or delivery by Caesarean Section may be recommended as the only way to cure gestational hypertension. Your midwife, GP or obstetrician will discuss this with you if it is considered necessary.

Will I get better after pregnancy?

Most women with gestational hypertension will have normal blood pressure eventually, once they have recovered from the pregnancy. You may need to take blood pressure medication for a period of time after delivery until the hypertension settles. You will not need to stay in hospital just because you are taking blood pressure medication.

Blood pressure medications are safe to take when breast feeding.