

High Blood Pressure in Pregnancy

This handout is meant to help answer some of your questions. This information will help you understand how the Home Care Nursing Team and your doctor are planning to keep you and your baby safe and healthy while you are at home.

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What is blood pressure?

Blood pressure is the force of blood against your blood vessels as it circulates.

Normal blood pressure in pregnancy ranges between 100/70 to 130/85.

High blood pressure – also called hypertension (hi-per-TEN-shun), means there is a higher

than normal pressure in your blood vessels. This can damage your blood vessels and cause health problems. During pregnancy, this is diagnosed when the top number (systolic) is greater than 140 and the bottom number (diastolic) is equal to or greater than 90 and continues to stay there.

What are the different “types” of high blood pressure?

Pre-existing Hypertension (also known as chronic).

This is when your blood pressure is higher than normal before your pregnancy. You may be taking medication already, or you may have to start taking medication to reduce your risk of stroke, kidney or eye damage. Your high blood pressure may remain higher than normal after the birth of your baby.

Gestational Hypertension

This is when your blood pressure rises after the 20th week of pregnancy. It is caused by pregnancy and often does not happen until the last month. Your high blood pressure may be high for up to 6 weeks after the baby is born.

Pre-eclampsia

This is a serious complication of high blood pressure. Pre-eclampsia is diagnosed when we find protein in your urine. We find this by testing your urine with a urine test strip or by sending your urine to the lab.

Symptoms of Worsening Pre-Eclampsia

- ❖ Severe or constant headaches
- ❖ Blurred vision or spots in front of your eyes
- ❖ Pain over your liver (under your right rib)
- ❖ Decreased movement of your baby

Pre-eclampsia can worsen quickly – affecting your kidneys, liver and brain. In extreme cases a woman may have seizures.

Delivery of your baby may be required if you develop severe symptoms. The only “cure” for pre-eclampsia is birth.

What does this mean for my baby?

There could be less blood flow to your placenta, which may cause the baby to grow more slowly and have less amniotic fluid and/ or change in their daily movement patterns.

What can be done?

Take Medication

Medication can be given to help control your high blood pressure.

The overall treatment aims to:

- ❖ Control your blood pressure and keep it from rising too high.
- ❖ Monitor your baby’s growth.
- ❖ Watch for early signs of developing pre-eclampsia so that treatments can be started.

Reduce your activity

You do not need to rest in bed, in fact, some activity is good for you. Your nurse will go over the activity level guide with you and help you decide how much rest you need.

Eat nutritious meals

Include whole grain foods, fruits, and vegetables.

Drink lots of water

About 6 glasses every day.

Stop smoking

Nicotine can constrict the small blood vessels in your uterus as well as reducing the amount of oxygen that your hemoglobin will carry.

Get plenty of sleep

Make sure that you get 8 to 9 hours sleep in 24 hours. Help yourself sleep well by:

- ❖ Not drinking coffee or having drinks with caffeine after six pm.
- ❖ Make sure you have plenty of pillows for your legs and tummy so you can get comfortable.

How do I take my blood pressure? (Your nurse will help you)

- ❖ Rest 5 minutes before checking your blood pressure.
- ❖ Sit with your feet flat on floor, back and arm supported, and arm at heart level.
- ❖ Remove clothing from your upper arm.
- ❖ Wrap the cuff around your arm and make sure it is positioned correctly. Your nurse will show you how.
- ❖ Check your blood pressure and write it down in your My Pregnancy Diary.
- ❖ If your blood pressure is higher than 150/100, check it again in 15 minutes. If it is still high refer to the back page of this pamphlet for “**When do I call for Help**”.

How do I test my urine?

- ❖ Avoid testing your first morning urine which will be more concentrated.
- ❖ Collect a fresh urine specimen in a clean, dry container. You may use a plastic cup or a clean glass jar.
- ❖ Your nurse will give you a supply of urine test strips. Remove one strip from the bottle and replace the cap securely.
- ❖ Dip the coloured areas of the strip in the urine. While removing the strip, run the edge against the rim of the container to remove excess urine.

- ❖ Hold the strip flat to prevent the chemicals from the different coloured areas from mixing.
- ❖ Carefully compare the test area to colour charts on the bottle according to the time on the label.
- ❖ Keep unused strips in the original container with the lid tightly closed.
- ❖ Record your findings in “My Pregnancy Diary”.

How do I know my baby is doing okay?

Read the “Baby Movement Counting” pamphlet.

Count movements once each day.

Know the warning signs.

If you feel less than 6 movements in 2 hours call Antepartum Home Care between 8:30 am to 4:30 pm at 604-875-3557. If this happens after 4:30 pm call your doctor.

Fetal heart rate

Your baby’s heart rate tells us how they are doing through heart rate changes. When your nurse visits you, they will listen using a fetal heart rate monitor. Two times per week, they will use the monitor to record your baby’s heart beat on a slow moving graph paper. The recording will take from 20 minutes to one hour.

Ultrasound Scan

Filming your baby with high frequency sound waves can show how the baby is growing and check the amount of fluid still around the baby. Your baby’s blood flow through the umbilical cord to the placenta will also be measured and can give helpful information about the health of the placenta (called Doppler Flow).

What will my nurse do?

- ❖ Help me understand the special needs of my pregnancy.
 - Blood pressure measurements
 - Urine testing for protein
 - Baby movements
- ❖ Assess me and my baby for signs of preeclampsia.
- ❖ Assess the baby’s heart rate.
- ❖ Help me with My Pregnancy Diary
- ❖ Visit me 2-3 times a week and contact me by phone on non-visit days.
- ❖ Report to my doctor when needed.
- ❖ Answer my questions about my pregnancy, labour and birth.

What do I need to do every day to help myself and my baby?

- ❖ Take my medication as ordered by my doctor
- ❖ Fill in My Pregnancy Diary
 - Do my baby movement count at least once per day.
 - Check my urine daily.
 - Check my blood pressure 4 times each day (breakfast, lunch, supper and bedtime).
- ❖ Visit my doctor in the office when scheduled
- ❖ Visit the ultrasound department when scheduled

Important Information

When to call for help?

If you develop any of the following symptoms, contact your Home Care nurse immediately during office hours. If your nurse does not return your call in 15 minutes, call your doctor.

Signs and Symptoms of Worsening Hypertension

- Blood pressure above 150/100 in the sitting position
- Persistent headache, especially across your forehead or between your eyes
- Blurred vision, sensitivity to light, or spots in front of eyes
- Pain in your upper abdomen under your right rib, particularly if you have never had this before
- Protein in urine +1 (0.3 g/L) that is new

Other

- Gush or trickle of fluid from the vagina
- Less than 6 fetal movements in a two hour time period during fetal movement counting
- Uterine tightenings every 15 minutes or more frequent

Call 911, and go immediately by ambulance if you have:

- Vaginal bleeding like a period
- Severe nausea/vomiting
- Severe constant pain in your tummy/belly

Contact the Antepartum Home Care Program between 8:30 am and 4:30 pm: 604-875-3557

If you need to speak to us right away, leave an urgent message after the tone.

- ❖ State your name and phone number
- ❖ Press the number sign, #, then 701. We will get your message right away.

Paging: 604-875-2161

- ❖ Ask for the "Antepartum Home Care Nurse" pager 02445
- ❖ Stay on the line or leave your telephone number with the operator

After 4:30 pm and before 8:30 am

Call your Doctor: _____

Or call the BC Women's Urgent Care Centre : 604-875-3070