

Postnatal Advice for Women with Hypertension during Pregnancy

This leaflet is available in audio, Braille, large print and other languages. To request a copy, please ask your Midwife.

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Important information for patients



Why have I been given this leaflet?

You have been given this leaflet because you have had hypertension (high blood pressure) in pregnancy. It explains what may occur in subsequent pregnancies and in later life. It also covers the medication you may be taking when you leave hospital, and recommendations for follow-up appointments. If you have any questions or concerns, please speak to your Midwife or Doctor.

What are the risks of developing hypertension in a future pregnancy?

This table shows how likely you are to develop a hypertensive disorder in a future pregnancy.

	Type of hypertension in previous or current pregnancy		
Future likelihood	Any hypertension	Pre-eclampsia*	Gestational hypertension
Any hypertension	1 in 5 women	1 in 5 women	1 in 5 women
Pre-eclampsia	1 in 7 women	1 in 6 women If birth was at 28–34 weeks: approximately 1 in 3 women If birth was at 34–37 weeks: approximately 1 in 4 women	1 in 14 women
Gestational hypertension	1 in 11 women	up to 1 in 8 women	up to 1 in 7 women
Chronic hypertension	Not applicable	up to 1 in 50 women	up to 1 in 34 women

*the likelihood of recurrence of pre-eclampsia increases with an inter-pregnancy interval greater than 10 years.

Can I breast feed my baby while taking medication to control my blood pressure?

If you have been taking a medication during pregnancy that is not recommended for breastfeeding mothers, this will be changed to alternative which is deemed safe.

Antihypertensive medicines can pass into breast milk but only in very low levels, so the amounts taken in by babies are very small and would be unlikely to have any effect on your baby. If you have concerns that your baby is excessively sleepy or appears unwell, let your Midwife know straight away.

Most medicines are not tested in pregnant or breastfeeding women, so disclaimers in the manufacturer's information are not because of any specific safety concerns or evidence of harm.

What will happen when I am discharged home?

There will be a plan as to how often your blood pressure needs to be taken and when you will need to be seen by your GP. You will need to see your GP six to eight weeks following the birth of your baby for check up.

If you have been on antihypertensive medication you will also need to see your GP two weeks following the birth of your baby. Your GP will discuss reducing or stopping your medication with you.

Is there anything I can do to prepare before I become pregnant again?

If **you** have had pre-eclampsia or hypertension and your baby was born before 34 weeks, you may wish to consider pre-pregnancy counselling to discuss possible risks of recurrent hypertensive disorders of pregnancy, and what you can do to lower them for any future pregnancies. See advice below about maintaining a healthy lifestyle.

Are there any implications for my future health?

It is important that you keep yourself healthy to reduce your risk of developing cardiovascular disease, stroke and hypertensive disorders in the future. Ways in which you can help to reduce your risk are to:

- avoiding smoking
- take plenty of exercise
- have a healthy diet
- keep your BMI within a normal range (18.5–24.9 kg/m²).

For more information about maintaining a healthy lifestyle visit: www.nhs.uk/live-well