

Hypertension is defined as a blood pressure that is higher than 140/90. Sometimes women can develop high blood pressure during pregnancy. It happens in 5% of all pregnancies and 10% of all first pregnancies.

What puts me at higher risk for pregnancy induced hypertension (PIH)?*

- It's your first pregnancy
- You have first degree relatives who have had gestational hypertension
- You are younger than 20 year or older than 40 years
- Have had high blood pressure in a previous pregnancy
- Have high blood pressure prior to pregnancy

*non-exhaustive list

How to we diagnose and treat PIH?

Pregnancy Induced Hypertension (PIH) is also known as gestational hypertension. PIH usually develops after 20 weeks gestation but can also happen during labour or after the baby is born.

You have PIH if:

1. Your blood pressure is over 140/90
2. You are over 20 weeks gestation

You will be asked to monitor your blood pressure at home (we can loan you a machine from PIPC with instructions). We sometimes start blood pressure medication in pregnancy. There is also increased surveillance for baby during pregnancy – this includes extra ultrasounds and non-stress tests (NST). We will review this with you in clinic.

We will also often recommend induction before your due date – the exact date will depend on how well controlled your blood pressure is, if you develop pre-eclampsia or if your baby needs to be delivered based on the ultrasounds.

If you have what we call pre-existing hypertension (high blood pressure before 20 weeks gestation) you will also be closely monitored during pregnancy. We will ask you to take aspirin at bedtime to prevent pre-eclampsia. Again this will be reviewed with you at your doctor's appointment.

What is pre-eclampsia?

Pre-eclampsia is a potential serious complication of pregnancy. It is diagnosed in women who have high blood pressure and have protein in their urine. We do not know exactly why some women develop pre-eclampsia but we believe it is linked with the development of the placenta. Therefore the only cure for pre-eclampsia is the delivery of your baby.

Pre-eclampsia can lead to serious complications with the kidneys; the liver or even lead to seizure or stroke. There can also be consequences for baby, they can be small or have less fluid around them. Therefore if baby is not moving as much as usual, please call PIPC or go up to Labour and Delivery for assessment.

What are the symptoms of PIH and pre-eclampsia?

Most women with PIH do not feel any different than usual. PIH usually does not cause symptoms unless it is severe. We therefore ask you to look out for:

- A very bad headache
- Changes in vision, seeing spots or flashes of light
- Nausea or vomiting
- Belly pain – mostly in the upper right belly, sometimes through the back
- Sudden swelling of the face and hands

If you have any of these symptoms please tell your doctor or nurse. Some of these symptoms may also occur in a normal pregnancy, but it is important that your doctor is aware. If symptoms occur at night or on a weekend you may be directed to go to PRHC Labour and Delivery for further assessment.

References:

1. UpToDate website, Patient Information Sheet-Preeclampsia (the Basics). Oct 2019.
2. Diagnosis, Evaluation, and Management of the Hypertensive Disorders of Pregnancy: Executive Summary. SOGC Clinical Practice Guideline No. 307, May 20.