

High Blood Pressure in Pregnancy

Cape Breton Regional Hospital

Labour Delivery Unit:

> Phone: 902-567-7834

What is high blood pressure in pregnancy?

- Gestational hypertension is newly diagnosed high blood pressure (BP) after 20 weeks of pregnancy.
- High BP in pregnancy is a BP that stays higher than 140/90.

How is high BP in pregnancy diagnosed?

• We will take 2 BP readings on the same arm 15 minutes apart.

What are the risks of high BP in pregnancy?

- If you have high BP in pregnancy, you are at a higher risk for **pre-eclampsia**. This is a more serious condition that puts you at a higher risk for:
 - Seizures
 - Strokes
 - Oligohydramnios (low fluid around your baby)
 - Placental abruption (placenta separates from the uterus)
 - > Long-term health problems
- It also puts your baby at a higher risk for:
 - > Stillbirth

> Low birth weight

> Pre-term birth

Pre-eclampsia can be dangerous for you and your baby.

What are the symptoms of high BP in pregnancy?

- > Headache
- > Vision problems (like spots, blurring, or shaky vision)
- > Pain in your upper stomach area
- Nausea (upset stomach) and/or vomiting (throwing up)
- Chest pain
- > Trouble breathing or shortness of breath
- If you have 1 or more of these symptoms, check your BP and follow the directions below.

Checking your BP at home

For 30 minutes (half an hour) before taking your BP:

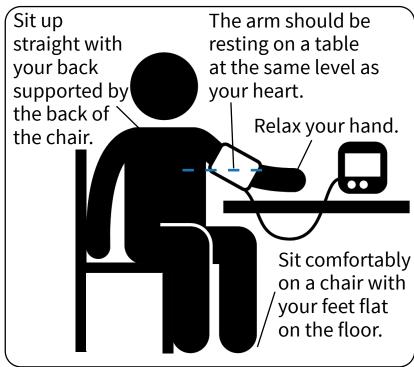
- > **Do not** have caffeine (like coffee, tea) or nicotine (like smoking, vaping).
- Do not exercise.

For 10 minutes before checking your BP:

Rest.

To check your BP:

- Sit with your feet resting on the floor. **Do not** cross your legs.
- Support your arm at the level of your heart.
- **Do not** place the BP cuff over your clothes.



Call the Labour Delivery Unit or your primary health care provider (family doctor or nurse practitioner) if:

- you have not been diagnosed with gestational hypertension and
- → you have 2 BP readings 15 minutes apart higher than 140/90 and
- you have any of the symptoms on page 2.

How is high BP in pregnancy treated?

- Your primary health care provider will likely prescribe medication to help control your BP.
- They may recommend monitoring your BP at home or in their office.
- They may ask you to have other tests (like blood work or ultrasounds).
- They may talk with you about induction of labour (using a method or medication to start labour before it starts on its own) before your due date (after 37 weeks of pregnancy).

If you have questions or concerns about your pregnancy, call the Labour Delivery Unit:

> Phone: 902-567-7834

• You can also call your primary health care provider.

instructions from my nealth care provider:						

Use this sheet to keep track of your BP.

Date and time	BP

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a health care provider. The information may not apply to all situations. If you have any questions, please ask your health care provider.

Find all patient education resources here: www.nshealth.ca/patient-education-resources

Connect with a registered nurse in Nova Scotia any time: Call 811 or visit: https://811.novascotia.ca

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