Staying Healthy

What can I do now?

Make sure your blood pressure is well controlled. This will reduce your chances of complications now and in the future.

Make sure you:

- Follow the plan for blood pressure checks with your midwife, health visitor and GP.
- Take your medications as advised.
- If you have any questions or you run out of medicines, speak to your GP.

What can I do long-term?

There are lots of things you can do to try and stay healthy.

Talk to your GP if you need help with any of these:

- Regular exercise - for example, 20 minutes fast walking a day.
- Eat a healthy, balanced diet - your GP can give you advice.
- Do not drink too much alcohol (less than 14 units a week is advised).
- Keep to a healthy weight for your height - your GP or health visitor can give advice.
- Do not smoke cigarettes or take recreational drugs – for help on quitting see your GP for a local programme.
- If you are diabetic, make sure you keep your blood sugars within your targets.
- Have your blood pressure and cholesterol checked at least once a year by your GP.

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LOCATION



High Blood Pressure & Pre-eclampsia

Information Leaflet

Advice for women after pregnancy

مستشفى ميلينيوم MILLENNIUM HOSPITAL Specialized in WOMEN & CHILD CARE عنوان جديد للعناية الشاملة بالأم والطفل

Women who had raised blood pressure during pregnancy, have a greater risk of health problems in future pregnancies and in later life. This risk can be reduced by making healthy lifestyle choices and having regular check-ups with your GP (family doctor).

Most women will have their follow up appointments with their midwife and GP. If you are discharged home on medication your GP will review the need to continue these medications over next few weeks or months.

Why worry about pre-eclampsia and high blood pressure after birth? Although pre-eclampsia is usually considered a disease of the second half of pregnancy, it can show itself for the first time after delivery.

Pre-eclampsia at any time can cause headaches, visual disturbances, nausea and vomiting and other unpleasant symptoms. High blood pressure can cause cerebral haemorrhage (a stroke) if not treated. Eclamptic fits can occur up to 23 days postnatally, and long term untreated high blood pressure can lead to heart and blood vessel problems. Although serious problems are rare, they are all avoidable and treatable. Facts about pre-eclampsia after the baby is born

• Pre-eclampsia always goes away eventually after the baby is born because it is a disease of the placenta (afterbirth).
• It may disappear within hours, or any time up to six months after the birth.• Occasionally pre-eclampsia presents for the first time up to four weeks after birth.
• Pre-eclampsia may necessitate a longer postnatal stay in hospital until the blood pressure has been controlled for 24-48 hours, depending on the severity of symptoms and blood pressure readings.
• Anti-hypertensive drugs (drugs to lower the blood pressure) should not be stopped without close medical supervision, and this should usually be done gradually.
• If the high blood pressure does not eventually disappear after the birth, the condition will be diagnosed as non-pregnancy hypertension, which will require treatment to control cardiovascular problems in later life.

How should pre-eclampsia be managed after delivery? All women should have their blood pressure checked soon after the birth. The condition of some women with pre-eclampsia will

deteriorate soon after delivery and midwives and doctors monitor affected women very carefully. Approximately a third of women with pre-eclampsia and pregnancy induced hypertension will continue to have high blood pressure after the birth or have a recurrence of high blood pressure within a week of birth, and 5-6% of women who develop pre-eclampsia will develop it in the postnatal period for the first time. You may be asked to stay in hospital until your blood pressure can be maintained below 150/100mmHg, and this could take a few days.

Will I get high blood pressure in my next pregnancy? If you had high blood pressure before you became pregnant or had blood pressure problems in this pregnancy, you have a greater risk of similar complications in future pregnancies. This risk depends on how severe your problem was and how many weeks pregnant you were when the high blood pressure

• If you developed pre-eclampsia after 37 weeks, there is about a one in ten to one in twenty (5-10%) chance that it will happen again.
• If you developed pre-eclampsia between 34 and 37 weeks, there is about a 1 in 5 (20%) chance that it will happen again.
• If you developed pre-eclampsia between 28 and 34 weeks, there is about a 1 in 4 to 1 in 3 (25-33%) chance that it will happen again.
• If you developed pre-eclampsia before 28 weeks, there is about a 1 in 3 to 1 in 2 (33- 50%) chance that it will happen again. Pre-eclampsia may occur at a similar time or later in your next pregnancy, but it is likely to be less severe than the first time. If you get pregnant again, please make sure you see your GP as soon as possible.

Starting low-dose aspirin (150mg daily) from 12 weeks' gestation in your next pregnancy can significantly reduce the risk of high blood pressure and pre-eclampsia happening again. Will I have high blood pressure when I am older? If you have had high blood pressure in pregnancy you have an increased risk of having certain health problems later in life, especially if your baby was delivered before 37 weeks. You may be able to reduce the risk of these conditions if you have regular check-ups and make healthy lifestyle choices. The problems related to long-term high blood pressure (Chronic Hypertension) include:

• Venous thromboembolism – blood clots that can move to the lungs.
• Cardiovascular disease – problems with your heart and your blood vessels like palpitations, heart attacks or angina.
• Cerebrovascular disease – problems with the blood vessels in your brain such as stroke or mini-stroke and dementia.
• Renal disease – problems with your kidneys that could lead to needing dialysis.
• Retinal disease – problems with your eyes that can lead to poor vision or blindness.

