



**St George and Sutherland
Hospitals**

SERIOUS COMPLICATIONS

Eclampsia (seizures/ convulsions) is a life-threatening complication. These are like epileptic fits, and occur in one in 2000 pregnancies (0.05%). Other complications include kidney, liver or lung failure, or a combination of the above (this is known as HELLP syndrome). This is a combined liver and blood clotting disorder.

THE DAY ASSESSMENT UNIT (DAU)

The DAU is a specialised monitoring service that operates on Monday, Wednesday and Friday at St George Hospital. It is staffed by an experienced midwife, kidney specialists and obstetricians. Women with hypertensive disorders are referred to and managed at the DAU and in the RAP antenatal clinic.

THE RAP CLINIC

The RAP clinic is a specialised antenatal clinic which operates on Monday afternoons at St George Hospital for women with medical conditions in pregnancy, including the hypertensive problems outlined in this brochure.

USEFUL CONTACTS

- St George Antenatal and RAP clinic: 91132162
- Sutherland Antenatal Clinic: 9540 7245
- Delivery Suite (St George): 9113 2125
- Delivery Suite (Sutherland): 9540 7981

REFERENCES

- *Preeclampsia- what you need to know*. RCOG 1/11/2007
- *Management of Hypertension in Pregnancy*. Central Hospitals Network, Policies and Protocols. April 2007

High Blood Pressure in Pregnancy

Information for women

High Blood Pressure in Pregnancy

High blood pressure, known as *hypertension*, is one of the most common problems that can arise in pregnancy. There are several different types of hypertensive problems in pregnancy.

CHRONIC (ESSENTIAL) HYPERTENSION

This is high blood pressure diagnosed before the pregnancy, or during the first 20 weeks of the pregnancy. If you are known to have high blood pressure or you develop it during the pregnancy, you may be referred to a renal (kidney) specialist and you will be monitored closely in the *Risk Associated Pregnancy (RAP) Clinic*. You may be commenced on medication, or if you are already on medication, you may be changed to one that is more suitable for pregnancy.

GESTATIONAL HYPERTENSION (GH)

GH is the development of high blood pressure any time after 20 weeks of the pregnancy. If you develop high blood pressure, you may be referred to the *Day Assessment Unit* (see below) for blood pressure monitoring, and may need to start medication. Women with GH need to be monitored closely for the development of preeclampsia.

WHITE COAT HYPERTENSION

This is where your blood pressure is only elevated when you come to see a doctor or midwife. This is usually innocent, however there is an increased risk of developing preeclampsia so your pregnancy will need to be watched more closely. Sometimes checking your blood pressure at home may be required.

PREECLAMPSIA (PE)

This is a serious medical complication of pregnancy affecting 4-5% of pregnant women. It is a condition that only occurs in pregnancy. It is usually diagnosed by the combination of high blood

pressure and the presence of protein in the urine.

It is thought to be due to a problem with the development of the baby's placenta. The affected placenta releases chemicals into the mother's blood stream which raise blood pressure and can affect various organs such as the kidneys, liver, blood components and the brain.

How is it diagnosed?

Most women are diagnosed before they develop any symptoms. Some women develop symptoms, especially if the condition worsens. These are:

- severe headaches
- persistent spots before the eyes or blurred vision
- a sudden increase in swelling in the hands, feet and face
- severe pain in the upper abdomen

Who is at risk?

Any pregnant woman may develop PE. Women at increased risk of PE are:

- having your first baby, or a long gap between babies
- teenage mothers and mothers over 35 yrs old
- previous or family history of PE
- kidney disease or pre-existing hypertension
- twin pregnancies

Preeclampsia has the potential to make women and babies very sick and can even be life threatening.

What is the treatment?

The only cure for PE is to deliver your baby. If you are in the last month of so of the pregnancy, this may be recommended straightaway by inducing labour. If you are earlier in the pregnancy, you will

be monitored very closely until birth of the baby becomes necessary.

Women with PE are always admitted to hospital, blood tests are performed and the welfare of the baby is assessed by heart beat monitoring (CTG) and often an ultrasound.

An obstetric medicine physician and obstetrician will be responsible for your care, but you will also see registrars, residents and midwives. If you are at Sutherland Hospital, you will be transferred to St George Hospital due to a greater level of support available for women with high blood pressure problems.

Medication will be given to control the blood pressure but this does not cure PE or prevent it from worsening. You will be given steroid injections to help mature your baby's lungs if your baby needs to be born early.

What happens after birth?

After your baby is born, you may stay on blood pressure medication for several days, and you will be closely monitored in hospital for a minimum of 5 days. Sometimes the medication can be stopped prior to discharge but some women need to take medication for a period of weeks or months after discharge.

Women with PE usually make a full recovery. There is an increased risk of PE during future pregnancies- your doctors will advise you about the risks depending on your particular circumstances.

Women also may have an increased risk of high blood pressure later in life, it is important that you see your GP for a checkup 3 months after the birth of your baby.

Breastfeeding is recommended for women with high blood pressure. You are encouraged to attend one of our free breastfeeding classes. Call our Lactation Consultant on 9113 2053 to book your place.
