Hypertension In Pregnancy
High Blood Pressure in Pregnancy

You can develop high blood pressure (*hypertension*) in the last half of pregnancy (20 weeks or later). This can happen even if your blood pressure was normal before pregnancy. High blood pressure in pregnancy can be a sign of a disorder called preeclampsia. This is especially true if you also have protein in the urine. Preeclampsia may have no symptoms, and may be found only on physical and laboratory exams. If it progresses, it can become eclampsia (*convulsions*) and/or HELLP Syndrome (*abnormalities of the liver, blood clotting problems, further increasing high blood pressure, increased protein in the urine*). Both are very serious conditions and a threat to the life of the mother and baby. A woman who has high blood pressure before getting pregnant can also get superimposed preeclampsia. Preeclampsia is usually worse in women with previous high blood pressure.

Eclampsia is a serious condition that may be preceded by many different symptoms. These include:

- Headache.
- Vision problems.
- Severe fluid retention.
- Swelling.
- Belly pain.
- Muscle twitching or spasm.
- Difficulty breathing.
- Bleeding.
- Blue lips and fingernails.
- Low blood platelets and liver problems.
- Convulsions.
- Slowing of the baby's growth.

Fortunately, blood pressure usually returns to normal after the baby is delivered. However, women with preeclampsia can develop high blood pressure later in life, and should be checked at least once a year.

This condition is serious. It is a health risk to both mothers and babies. It can be life-threatening to both. Such babies are smaller and more likely to be born prematurely. If the mother's blood pressure is greatly elevated, in bad cases the baby may die before delivery. Treatment is bed rest, diet, medicines, and frequent blood pressure checks. In worse cases, intravenous medicines and hospital care may be needed.

Blood tests, ultrasounds and fetal monitoring are often used. This helps watch your baby for problems and for proper growth. These tests can help your caregiver decide if your baby is having problems and should be delivered immediately. In bad cases, you do not want to deliver the baby too early. If the baby needs to be delivered early, steroid medicine may be given to the mother, to help the baby's lungs mature. It is also important to make sure the baby's and mother's life is not in danger. More frequent prenatal visits, blood tests and monitoring of the mother and baby may be needed. This monitors the blood pressure, liver and kidney function. The ultrasound tests check to see if the baby is having problems and checks on the baby's development.

SEEK IMMEDIATE MEDICAL CARE IF YOU HAVE:

- Stomach pain.
- Sudden and excessive swelling in the hands, ankles, or face. (Gaining 4 to 5 pounds, or more, in one week).
- Repeated vomiting.
- Vaginal bleeding.
- A loss of feeling the baby move.
- Headache.
- Vision problems (blurred or double vision).
- Muscle twitching or spasm.
- Shortness of breath.
- Blue fingernails and lips.
- Heavy protein in the urine.
- Other serious complaints you are concerned about.

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