Royal Cornwall Hospitals
NHS Trust

Postnatal hypertension

Information for patients

About this leaflet

This leaflet explains what to expect after giving birth if you had high blood pressure during pregnancy. This includes conditions such as chronic hypertension, gestational hypertension, pre-eclampsia or eclampsia. It includes information about your medication and follow up appointments. It also explains what may occur in any future pregnancies and in later life. If you have any questions or concerns, please speak to your midwife or doctor.

You have been diagnosed with:

- ☐ Gestational Hypertension – high blood pressure that developed after 20 weeks of pregnancy, without protein in the urine
- ☐ Pre-eclampsia – high blood pressure in pregnancy with protein in the urine
- ☐ Eclampsia – seizures as a result of pre-eclampsia

Your ongoing care

You are currently taking:

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You should have your blood pressure checked:

- Every day for the first 2 days after giving birth
- At least once between day 3 and 5
- If you had pre-eclampsia or eclampsia, your blood pressure should be checked every other day for 2 weeks, until your readings are stable or you no longer need treatment.

Here is a space to keep record of these things:

Date		BP	/	Date		BP	/
Date		BP	/	Date		BP	/
Date		BP	/	Date		BP	/
Date		BP	/	Date		BP	/

If your blood pressure is below 130/80, your medication can be slowly reduced, following guidance from your GP or community midwife.

After 2 weeks

- If you're still on medication, book a GP appointment.
- Your GP may arrange blood or urine tests if needed.
- You should have a blood pressure check at 6 weeks at your GP
- If you had pre-eclampsia or eclampsia, ask your GP to test your urine for protein at 6 weeks
- This can all be done at your mum and baby check.

When to seek help

Some problems from pre-eclampsia can still happen after birth.

Call your midwife or doctor straight away if you have:

- a bad headache
- new nausea or vomiting
- upper stomach (epigastric) pain
- feel increasingly unwell.

Breastfeeding and medication

It is safe to breastfeed when taking the following medicines:

- labetalol
- nifedipine
- enalapril
- captopril
- atenolol
- metoprolol
- amlodipine

While low levels of these medicines pass into breast milk, they are very unlikely to cause any problems. Manufacturers often recommend avoiding in breastfeeding because most medicines are not tested in pregnancy or breastfeeding, not usually because of safety concerns.

Future health implications

In future pregnancies:

- There's a 1 in 5 chance of high blood pressure happening again.
- Your risk is higher if your baby was born before 34 weeks due to pre-eclampsia.
- If you're planning another pregnancy, ask about a pre-pregnancy appointment for advice.

Long term health risks

Having high blood pressure in pregnancy raises your risk of:

- Heart disease and stroke (2x higher risk)
- High blood pressure later (4x higher risk)
- Kidney disease
- Diabetes

The risk is higher if:

- Your baby was born prematurely or with a low birth weight
- You had early onset or severe pre-eclampsia
- You had pre-eclampsia in more than one pregnancy.

This doesn't mean you'll definitely have problems – just that your risk is higher.

How to lower your risk:

- Keep a healthy weight (BMI between 18.5 and 24.9)
- Stop smoking
- Exercise regularly (30 minutes, 4–5 times a week)
- Get your blood pressure checked once a year at your GP surgery
- Eat a healthy, balanced diet

Further information

NHS 'Live Well' provides advice about healthy living, including eating a balanced diet, healthy weight, exercise, quitting smoking and drinking less alcohol.

Web: www.nhs.uk/live-well

For an online version of this leaflet please scan this QR code

To get this information in a different format call 01872 252690

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