

High blood pressure Requiring Admission to Hospital

What happens if I am admitted to hospital with high blood pressure?

What is your Blood Pressure?

Blood pressure is a measurement of the pressure of your blood as it is pumped around your body. Two measurements are recorded; firstly, the pressure of the blood in the heart as it pumps the blood around your body and secondly, the pressure of the blood as the heart relaxes.

This measurement would be recorded like this for example, 120 / 70

The first number is the pressure of the blood as the heart is pumping and the second number is the pressure when the heart relaxes.

What is high blood pressure?

We would be concerned if your second number was 90 or above on **TWO** occasions (More than 60 minutes apart) or 110 on **ONE** occasion or if the first number is above 160.

High blood pressure is also known as hypertension

There are 3 types of high blood pressure:

- Chronic hypertension –Raised blood pressure before pregnancy or before 20 week's of pregnancy. This happens in between 1-5% (1 to 5 women per hundred) of women approximately.
- Gestational hypertension -Raised blood pressure during pregnancy without protein in the urine.
 - Pre-eclampsia -Raised blood pressure with protein in your urine during pregnancy. This happens in about 3-5% of first time pregnancies, and less in following pregnancies. Pre-eclampsia can occur at any time during your pregnancy and it may be mild, moderate or severe. Most cases are mild. Following investigations you may be able to be monitored as an outpatient if your condition is mild, however if it is moderate or severe it is important for you to be observed on the antenatal ward.

Pre-eclampsia may lead to Eclampsia. This is raised blood pressure with protein in your urine during pregnancy or after childbirth, accompanied by fitting (a seizure). This is very rare, and happens in about 1 out of every 2000 pregnancies (0.02%). It is important to remember that eclampsia is a rare condition.

If your doctor is concerned about your high blood pressure she/he may suggest you be admitted to the antenatal ward for further investigations and observation. Please ask questions if you are unsure about your tests as this information will help you to make decisions about your care, together with your doctors and midwives.

What are the complications of high blood pressure?

- Sometimes you may feel quite well even though your blood pressure is high, it is important for you to have some investigations or tests to ensure you are not developing any complications such as pre-eclampsia or eclampsia.
- If you develop pre-eclampsia there is an increased chance of your baby being smaller than expected. This is due to the blood vessels within the placenta becoming tighter and reducing the blood supply and nutrition to your baby.
- There is an increased chance of bleeding during your pregnancy if you have pre-eclampsia. This may also be due to the change in the blood vessels supplying your placenta.
- Very rarely, some women experience having a stillborn baby due to having pre-eclampsia or eclampsia. This happens in about 4 pregnancies per thousand (0.04%).
- Pre eclampsia is a condition that can effect many systems of the body, particularly the liver, kidneys and blood clotting system. Sometimes this is called HELLP syndrome,

It is important to know that your baby may remain healthy even though you may have pre-eclampsia.

What do I look for?

You may experience a combination of:

- bad headache
- problems with vision - such as blurring or flashing before the eyes
- bad pain just below the ribs
- vomiting
- sudden swelling of face, hands or feet

If you think you have these symptoms you should seek immediate medical advice because you could be at risk of further complications. **Please call 0151 708 9988, and ask for the shift leader on the central delivery suite,** who will advise you what to do next.

What are the investigations or tests, which may be performed?

- You may be asked to collect all your urine for a 24 hour period. This is to calculate exactly how much protein is being passed into your urine and to assess if your kidneys are being effected by the pre eclampsia.
- You may be asked to make a record of the amount you drink and measure the amount of urine you are passing each day.
- Your midwife will take some samples of your blood daily to ensure your kidneys, liver and blood-clotting systems are working normally.
- The midwife will monitor your baby by performing a CTG (cardiotocograph) which records your baby's heartbeat.

- Arrangements will be made for you to have a detailed scan performed in the main Ultrasound Department to monitor your baby's growth.
- Your midwife will take your blood pressure every 4 hours. If your midwife has any concerns about your blood pressure it will be checked more frequently.
- The doctor may prescribe some medication (tablets) for you. This medication may help to bring your blood pressure down. The doctor or midwife will talk to you about the side effects of any medication. We only use medications that are known to be safe in pregnancy.

If the doctors are concerned that your blood pressure is very high you may be transferred to Central Delivery Suite for close observation.

- On delivery suite you will be shown into a high dependency room. These rooms are larger than other rooms on delivery suite and contain equipment required for close monitoring of women with complications.
- Your blood pressure will be recorded at regular intervals, using an automatic device, depending on how high it is. These recordings may be as frequent as every five minutes.
- Your midwife may take blood to check your kidneys, liver and your clotting systems. These blood tests may be repeated every 6 –12 hours depending upon your results.
- You may have a tube, called a catheter placed in your bladder to measure how well the kidneys are producing urine.
- Your baby's heartbeat will be monitored using a cardiotocograph (CTG) machine.
- You will have a drip placed in your arm, so that you can be given any medication you may require directly into your vein. There are various types of medication including hydralazine and magnesium sulphate. The type of medication your doctor may recommend will depend upon how high your blood pressure is how it responds to the medication and other clinical observations.
- Your partner or support person can stay with you whilst you are in Central Delivery Suite, but visiting is not possible whilst you remain on delivery suite.
- You will see a number of doctors on the delivery suite. These will include both obstetric staff and anaesthetic staff, as the care of women with severe pre-eclampsia is carried out jointly by a team.

What happens if your blood pressure remains high?

- Your doctors may discuss with you that your baby may need to be delivered urgently. If it is possible to induce your labour, your doctor may recommend this option. However, this may depend on various factors such as the severity of your condition and the number of weeks pregnant you are.
- Sometimes if your condition is severe your doctors will recommend that a caesarean section is needed.

- Occasionally, babies may need to be delivered very early on in your pregnancy because of severe pre-eclampsia. If this is the case your baby may need to be cared for on our Neonatal Intensive Care Unit (NICU). If it is possible, and you are well enough your midwife will arrange for you and your partner to have a look around the unit. You will also have an opportunity to speak to some of the doctors and nursing staff who may be caring for your baby. If you are not feeling well enough to visit the NICU before your baby is born, a doctor and nurse from the unit will come to see you and discuss any questions you may have.

What happens after you have given birth to your baby?

Following the birth of your baby you may stay on the Central Delivery Suite for close observation. The time taken for your blood pressure to become stable can vary from woman to woman. It may return to normal with in a matter of hours following the birth of your baby or sometimes it may take weeks. You may remain on Central Delivery Suite until your blood pressure stabilises and you can be transferred to the Maternity Ward. Your blood pressure may take sometime to return to normal, but you will still be able to go home when your doctors are happy your blood pressure is stable. Your GP will then monitor and treat your blood pressure.

If you have had severe pre-eclampsia, arrangements will be made for you to come back to discuss this with one of the senior doctors. Sometimes other tests might be needed to see if there was a reason for you developing pre-eclampsia.

This information is not intended to replace discussion with either medical or midwifery staff. If you have any questions regarding the contents of this leaflet please discuss this with a midwife or obstetrician. The hospital is involved in research and you might be asked to consider taking part in a research study. A midwife or doctor will discuss this with you and answer any questions that you may have.

Further information

The Association for Pre-Eclampsia (APEC) is a national charity that helps to provide information about pre-eclampsia:

Their address is;

APEC, 84-88 Pinner Road,
HARROW, Middlesex,
HA1 4HZ, England, UK

Tel: 020 8863 3271

Fax: 020 8424 0653

e-mail: enquiries@apec.org.uk

Helpline: 020 8427 4217 (weekdays 10am - 1pm)

Visit Web site on www.apec.org.uk.

For further information there is a list of useful web sites which can be found on the Liverpool Women's Hospital web site.

Go to

www.lwh.org.uk

Click on



Support & Information



Useful organisations

If you require any advice about the information on the web sites please speak to a midwife or doctor at the hospital or a community midwife at the GP surgery

This information was generated from The Women's Information Network Group in the Liverpool Women's Hospital.

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