



High Blood Pressure in Pregnancy

Care at Home

Jim Pattison Outpatient Care and Surgery Centre

9750 – 140th Street, Surrey, BC

Maternity Clinics:

Antepartum Care at Home Program (ACAHP)

Office: 604-582-4559

Hours: 8:45AM to 4:15PM, 7 days a week

After hours call: **604-585-5572**
(Surrey Memorial Hospital Triage)

Closest hospital: _____

Royal Columbian Hospital

330 East Columbia Street, New Westminster, BC

Antepartum Care at Home Program (ACAHP)

Office: 604-520-4182

Hours: 7:30AM to 3:30PM, 7 days a week

After hours call: **604-520-4586**
(Royal Columbian Hospital Triage)

Closest hospital: _____



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Introduction

Women with high blood pressure in pregnancy need special care during their pregnancy.

Your doctor has determined it is safe for you to get this care at home through our **Antepartum Care at Home Program (ACAHP)**.

One of our Program nurses contacts you every day and visits you in your home. You and your family are actively involved in your care.

Our aim is to help keep you and your baby safe, healthy, and comfortable in your own home while you progress through your pregnancy.

This booklet gives you information about high blood pressure in pregnancy. We outline the tests and treatments you can expect. We also describe what you and your family can do to care for you and your unborn baby.

Tip: Use the space at the back to write down any questions you have. We will review this information with you and answer any of your questions.

About Blood Pressure

Blood pressure is the force of the blood pushing against the inside of your arteries.

High blood pressure is also called 'hypertension' ('hyper' meaning too much tension or pressure in your arteries).

Blood pressure readings have 2 numbers. We write these like a fraction, for example 120/80, or we say 120 over 80.

The top number is the pressure when your heart pumps with each heartbeat. We call this the 'systolic' pressure (say *sis-tal-ick*).

The bottom number is the pressure when your heart relaxes between heartbeats. We call this the 'diastolic' pressure (say *die-es-tal-ick*).

A normal blood pressure in pregnancy ranges between 100/70 to 130/85.

High blood pressure (hypertension) in pregnancy is when:

- your systolic pressure is more than 140, or
- your diastolic pressure is more than 90, and
- the numbers stay high when measured 2 different times at least 6 hours apart

Types of High Blood Pressure

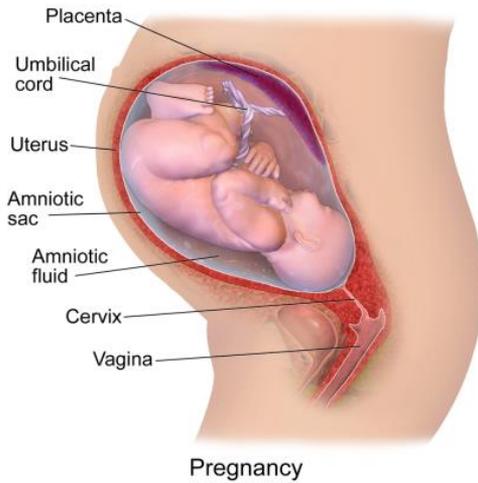
Pre-existing hypertension means high blood pressure that was there before the pregnancy or happens in the first 20 weeks of pregnancy.

Women with pre-existing hypertension sometimes take blood pressure medication before pregnancy or might have to start taking medication during pregnancy.

Gestational hypertension means high blood pressure that happens after 20 weeks of pregnancy (gestation being a medical term for pregnancy). Blood pressure can stay high for up to 6 weeks after the baby is born.

Gestation hypertension with proteinuria is also called 'pre-eclampsia'. As well as gestational hypertension that starts during pregnancy, there is also protein in the urine. Protein is found when urine is tested with a test strip or by sending a sample to the laboratory.

The high blood pressure can get worse quickly. If it worsens, organs such as kidneys, liver, and brain can be affected. In severe cases, the mother could have seizures. Sometimes, the best option is to deliver the baby because this condition gets better after pregnancy.



Effect on Your Baby

When a mother has high blood pressure in pregnancy, it could result in less blood flow to the placenta. This might cause your baby to grow slowly and have less amniotic fluid. It might also cause your baby to move less.

Your baby can get stressed with contractions, even when the contractions are not painful to you. Because of this, your baby will be checked often both during pregnancy and labour.

If hypertension in pregnancy worsens, your baby might need to be born early (premature). Small or premature babies sometimes need help with breathing, keeping their blood sugar normal, and staying warm. Some babies need medical care in a special nursery such as the Neonatal Intensive Care Unit (NICU).

Tests and Treatments

You can expect to have certain tests and therapies while being cared for in the Program (ACAHP).

Activity and Rest Therapy

When resting during the day or going to bed at night, lie on your side. This is the best position to make sure there is good blood flow to your baby.

We know that bedrest is not the best thing for you or your body, so we do not advise it. It can decrease your muscle strength and tone, slow down your digestion, cause constipation, and increase the chances of having blood clots. Also, bedrest can be hard on your whole family.

You might notice your blood pressure increases when you have increased activity. To help us compare how your activities affect your blood pressure, we ask you to record both your hours of rest and your activities through the day.

Do you have higher blood pressure when doing these activities?

- When you are shopping?
- When doing light house work?
- When standing for long periods?

Go slow. Try not to do any of the activities that increase your blood pressure.

Non-Stress Test

Unborn babies can give messages about their health through their heart rate.

We do a non-stress test 2 times a week. To do this test, we use a machine called a fetal monitor. It records your baby's heartbeat and movements as well as your contractions.

This test can take between 20 to 80 minutes, depending on how awake your baby is at the time.



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Non-Stress Test

Ultrasound Scans

An ultrasound scan shows your baby's position and allows us to measure:

- your baby's growth
- the amount of fluid around your baby
- blood flow to and away from your baby, called a 'Doppler study'

Your doctor decides how often you need an ultrasound scan.



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Ultrasound

Blood Tests

Expect to have regular blood tests to check how your organs (such as kidneys and liver) are working.

Urine Tests

You will test your urine for protein every day at home.

You will also have your urine tested 1 to 2 times a week at a laboratory.

If there is protein in your urine, it is a sign your hypertension in pregnancy has worsened and has become pre-eclampsia. Once we know your urine has protein, you no longer need to have this checked.

Home Visits

A nurse from the Program (ACAHP) visits you at home 2 times a week and contacts you by telephone each day. Together with your doctor and nurse, you make a visiting schedule.

At each visit, the nurse:

- feels your abdomen (belly) for contractions or for any tenderness, and your baby's position
- listens to your baby's heart rate by either doptone or a non-stress test
- checks your blood pressure
- asks about any signs of worsening hypertension
- asks about any vaginal discharge
- looks at your **Mom's Record**

During visits, you and your nurse talk about how you are managing at home and how you are caring for yourself.

A good way to prepare for your visits is to write down any questions or concerns you have and want to remember to ask your nurse. You can use the 'Notes' section to write down your questions.

*Remember to bring your **Mom's Record** with you to your doctor's appointment and any hospital visits.

Care at Home

You play a large role in your care, keeping watch over your own health and the health of your baby.

Each day, you complete your **Mom's Record** with:

- how long you rest at night and 3 times in the day
- the medications you are taking and when
- the results from testing your urine for protein every morning (unless we already know there is protein in your urine)
- your blood pressure readings 4 times a day
- your baby's movements counted 1 time each day (If you are less than 26 weeks, you don't need to count but do take some time during the day to see how your baby is moving.)

Your nurse teaches you how to do each of these checks.

Watch for signs of worsening hypertension in pregnancy

Watch for these signs:

- severe or constant headaches
- blurred vision or spots in front of the eyes
- chest tightness, heaviness, or shortness of breath
- pain in the upper right part of the abdomen (belly)
- severe nausea and vomiting

If you notice any of these signs:

- Write them down in the comment section of your **Mom's Record**
- Follow the instructions on page 19 on 'When to get help'.

Take your medication

Your doctor might prescribe medication to control your blood pressure. It is important to take the blood pressure pills around the same time every day and not miss any doses.

Keep track of the time you take your medication in the comment section of your **Mom's Record**.

Test your urine

We give you a bottle of test strips. Always keep the test strips in this container with the lid tightly closed.

Steps for testing your urine:

1. Urinate (go pee) into a small, clean, dry container.
2. Remove 1 urine test strip from the bottle, and then close the lid tightly.
3. Dip the coloured part of the test strip in the urine.
4. Wait 60 seconds.
Hold the strip flat to keep the chemicals from the different coloured areas from mixing.
5. Compare the colour of the 4th test square with the colours on the side of the bottle.
Make sure you look at the strip in good natural light.
6. Record your results on your **Mom's Record**.

It is normal to have 'trace' protein in your urine.

If your result is +1 or higher, follow the instructions on page 19 on 'When to get help'.

Check your blood pressure

1. Sit in a comfortable chair with your back supported and your feet flat on the floor for 10 minutes.
2. Make sure your whole upper arm is bare and your whole arm is supported at the level of your heart.
3. Turn your hand so your palm is facing up.
4. Wrap the blood pressure cuff snugly around your arm.
 - Place the tubes at the centre of your inner elbow and towards your hand.
 - Place the cuff 2.5 cm (1 inch) above your inner elbow.
5. Press the power button on the blood pressure machine once. Try not to talk until the machine has finished taking your blood pressure and the result is on the screen.
6. If the top number (systolic) is above 150 **or** the bottom number (diastolic) is above 100, stay sitting and check your blood pressure again in 15 minutes.

If your numbers are still high after checking again, follow the instructions on page 19 on 'When to get help'.

Count your baby's movements

You know your baby and you know his or her normal moving pattern. We have learned that when some babies do not feel well, they move less often. This is usually a change from normal and women can sense their baby is moving less often. Counting your baby's movements helps us check in on how your baby is feeling each day.

When counting baby's movements:

- Write down the time you start counting movements.
- Count until you feel 6 episodes (groups) of activity.
- Write down the time you stop counting.

We are looking for more than 6 episodes of activity in 2 hours. If your baby moves less than 6 times, follow the instructions on page 19 on 'When to get help'.



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Counting movements

Take care of yourself

Take time each day to check in with yourself on your **emotional health** (your mood).

You will experience the usual range of emotions and changes in pregnancy. With hypertension in pregnancy, it is natural to also feel bored, frustrated, guilty, or worried.

Please share your concerns with your nurse and doctor.

Care After Delivery

Hypertension in pregnancy usually gets better about 6 weeks after the end of the pregnancy.

We will give you another pamphlet called *“My Blood Pressure was High in Pregnancy- Now What”*.

When to Get Help

Call the Antepartum Care at Home Program if you have:

- signs of worsening high blood pressure:
 - the top number (systolic) is 150 or higher
 - the bottom number (diastolic) is 100 or higher
 - severe or constant headaches
 - blurred vision or seeing spots in front of your eyes
 - chest tightness, heaviness, or shortness of breath
- less than 6 episodes of your baby moving in 2 hours

If we do not call you back within 15 minutes, call the hospital where you plan to deliver your baby.

Call the Maternity Unit at your delivery hospital then go to the hospital right away if you have:

- trickle or gush of fluid from your vagina (water breaks)

Call 9-1-1 for an ambulance if you have:

- large amount of bright red blood from your vagina
- severe nausea and vomiting
- severe constant pain in your abdomen

My delivery hospital: _____

Birthing Unit/
Maternity Unit phone number: _____

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This information does not replace the advice given to you by your healthcare provider.

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To order: patienteduc.fraserhealth.ca