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Gestational Hypertension



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St. Maarten Medical Center

What is Gestational Hypertension?

Gestational hypertension, also referred to sometimes as pregnancy induced hypertension (PIH) is a condition of high blood pressure during pregnancy. Gestational hypertension can lead to a serious condition called preeclampsia (also referred to as toxemia). Hypertension during pregnancy affects about 6-8% of all pregnant women.

Different types of hypertension during pregnancy

High blood pressure can present itself in a few different ways during pregnancy. The following are the 3 common types of gestational hypertension:

1. *Chronic Hypertension*- Women who have high blood pressure (over 140/90) before pregnancy, early in pregnancy (before 20 weeks), or carry it on after delivery.
2. *Gestational Hypertension*- High blood pressure that develops after week 20 in pregnancy and goes away after delivery.
3. *Preeclampsia*- Both chronic hypertension and gestational hypertension can lead to this severe condition after week 20 of pregnancy. Symptoms include high blood pressure and protein in the urine and can lead to serious complications for mom and baby if not treated quickly.

Who is at risk for Gestational Hypertension?

The following factors may increase the risk of developing gestational hypertension:

- A first-time mother
- Women whose sisters and mothers had PIH
- Women carrying multiple babies
- Women younger than age 20 or older than age 40
- Women who had high blood pressure or kidney disease prior to pregnancy

How do I know if I have Gestational Hypertension?

At each prenatal checkup your healthcare provider will check your blood pressure, urine levels, and may order blood tests which may show if you have hypertension. Your physician may also perform other tests that include:

- checking kidney and blood-clotting functions,
- ultrasound scan to check your baby's growth,
- and Doppler scan to measure the efficiency of blood flow to the placenta.

How is Gestational Hypertension treated?

Treatment depends on how close you are to your due date. If you are close to your due date, and the baby is developed enough, your health care provider may want to deliver your baby as soon as possible.

If you have mild hypertension and your baby has not reached full development, your doctor will probably recommend you do the following:

- Rest, lying on your left side to take the weight of the baby off your major blood vessels.
- Increase prenatal checkups.
- Consume less salt.
- Drink 8 glasses of water a day.

If you have severe hypertension, your doctor may try to treat you with blood pressure medication until you are far enough along to deliver safely.

How does this affect my baby?

Hypertension can prevent the placenta from getting enough blood. If the placenta doesn't get enough blood, your baby gets less oxygen and food. This can result in low birth weight.

Often, one still can deliver a healthy baby if hypertension is detected early and treated with regular prenatal care.

Severe hypertension can lead to preeclampsia which can have much more serious affects on mom and baby.

How can I prevent Gestational Hypertension?

Currently, there is no sure way to prevent hypertension. Some contributing factors to high blood pressure can be controlled and some cannot. Follow your doctor's instruction about diet and exercise.

- Use salt as needed for taste
- Drink at least 8 glasses of water a day
- Increase your protein in take and decrease the amount of fried foods and junk food you eat
- Get enough rest
- Exercise regularly
- Elevate your feet several times during the day
- Avoid drinking alcohol
- Avoid beverages containing caffeine

Your doctor may suggest you take prescribed medicine and additional supplements.