

## **Home BP (Blood Pressure) Monitoring**

Please buy an automatic blood pressure monitor and start checking your blood pressure twice daily. You should be sure that the cuff fits you correctly, so check the sizing of the cuff (if the cuff is too small, or too big, it won't measure your BP properly).

### **How to check your blood pressure**

- You should check your BP when you are resting - so please sit down and relax for at least 5 minutes before you check your BP.
- Avoid caffeine, nicotine, alcohol, or exercise, for 30 minutes before you check your BP.
- Your feet should be resting flat on the floor.
- Your arm should be resting on the arm of the chair, or a table, roughly at the level of your heart.
- Follow the directions in the manual of your BP monitor to check your BP. Write down the top (systolic) number, and the bottom (diastolic) number.

### **When to call the office**

- If the top (systolic) number is 160 or higher **OR** if the bottom (diastolic) number is 110 or higher.
- If you have a headache that does not go away with rest, water, and Tylenol (1000mg)
- If you have blurry vision, or spots in your vision.
- If you have pain at the top of your belly (in the middle under your ribs, or on the right under your ribs)
- New feeling sick or throwing up (nausea or vomiting)
- Sudden shortness of breath, or chest pain that does not go away.

**If you have any of the above symptoms, please check your BP and call the office on 913-236-6455 and ask to speak with a nurse.**

### **Causes of high blood pressure in pregnancy**

- Some people have high blood pressure before they get pregnant (called chronic hypertension), pregnancy can make your BP higher.
- Some people develop high BP in pregnancy, even when they are healthy outside of pregnancy. This can be called gestational hypertension (high blood pressure in pregnancy) or pre-eclampsia (high blood pressure in pregnancy with protein in your urine)
- It is thought that the placenta is not getting as much blood as it needs, and your body's response is to increase your BP to get more blood to the placenta.

Anyone can develop high BP, or pre-eclampsia in pregnancy, however some people are at higher risk:

- If this is your first pregnancy, or your first pregnancy with a new partner.
- If you had high BP in your last pregnancy.
- If you are pregnant twins
- If you are older than 35
- Certain ethnic or racial groups (African American, Pacific Islander, or Hispanic women)
- If you are overweight or obese
- If you have kidney problems, or have diabetes, or other medical problems such as lupus.

### **Complications of high blood pressure in pregnancy**

- Most people, if monitored, and treated, will remain healthy, and deliver a healthy baby. However, complications can happen, which is why it is important that we monitor you closely.
- If your BP is very high, this can lead to damage to your eyes, kidneys, liver, or lungs.
- It can even cause a stroke (bleeding, or lack of oxygen in the brain), or seizures (this is called Eclampsia). This is why, if your blood pressure is very high, we may want to admit you to the hospital.
- High BP in pregnancy can cause your baby to not grow as well as it should (called growth restriction), can cause the fluid around the baby in the amniotic sac to be low (oligohydramnios), and can even cause the placenta to separate from the uterus (placental abruption).

### **Treatment of high blood pressure in pregnancy**

- Increased rest may be all that is needed if your BP is well controlled.
- We may need to start you on BP medication to prevent serious complications. You may need to be admitted to the hospital for this, so we can monitor you and your baby closely.
- Delivery of your baby can prevent serious complications. If you have been diagnosed with gestational hypertension, or pre-eclampsia, we recommend delivery around 37 weeks of pregnancy. This may mean an induction if you don't go into labor by yourself. If you have chronic hypertension, we recommend delivery between 38-39 weeks of pregnancy. If your BP is very high, you may need to be delivered before 37 weeks of pregnancy (which is considered premature).

### **After delivery**

- If you do not normally have high blood pressure outside of pregnancy, most of the time, your BP will go back to normal after you deliver your baby. It can take up to 6 weeks for this to happen, so it is important to monitor your BP and symptoms even after you have had your baby.
- You may need to continue taking medication for a few weeks after you deliver.
- Some people whose BP was well controlled during pregnancy can find that their BP goes up even more after delivery.
- If you were diagnosed with high BP during your pregnancy, it does make you at higher risk for getting diagnosed with high BP later in life and increases your risk of heart disease. You should try and make sure you are as healthy as possible in other ways.
- If you struggle to keep your weight within normal limits, talk to your doctor about helping you lose weight (be sure to give yourself time to recover from having your baby!) There are several treatment options you may be a candidate for in the medical weight loss area.
- Eat a heart healthy diet and do 30 minutes of exercise that makes you sweat, at least 3 times a week. If you are diabetic, make sure your blood sugar is well controlled. Get your blood pressure checked at least once a year.