

# Essential Pregnancy Information



## WHY BLOOD PRESSURE AND URINE ARE TESTED DURING PREGNANCY

### A Woman's Guide to Screening for Pre-Eclampsia



- Pre-eclampsia is a serious pregnancy complication and can affect any pregnancy
- It can be dangerous to both mother and baby
- It is important for all women to attend all antenatal check-ups to minimise the risks



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# Information about Pre-Eclampsia



## What is pre-eclampsia?

It is an illness you can get only during pregnancy or straight after your baby is born. It can affect you and your unborn baby.

## When does it happen?

Most women don't get pre-eclampsia until the last few weeks of pregnancy, but it can start as early as 20 weeks or (very rarely) even earlier. It is also possible for it to develop during labour or soon after the baby is born.

## What happens to you?

Pre-eclampsia involves changes in blood vessels all over your body. As a result:

- blood pressure can rise
- protein can leak from the blood into the urine
- different systems in the body can be affected including kidneys, liver, brain and blood clotting
- baby's growth may be reduced

Some swelling is common in normal pregnancy especially in the ankles but in pre-eclampsia water can leak out of the blood vessels and cause sudden swelling (oedema) especially in the face and hands.

## What happens to the baby?

Your baby may be growing too slowly, because not enough blood is getting to the placenta. This can lead to problems with your baby's health.

# Who gets Pre-Eclampsia



## High blood pressure affects around 1 in 10 pregnant women. You are at higher risk of developing pre-eclampsia if:

- You are having your first baby
- Any close relatives (mother, sister) have had pre-eclampsia
- You already have high blood pressure
- You have diabetes, kidney disease or migraine
- You are aged 40 or more
- You are expecting twins, triplets or more
- You are overweight
- If it has been 10 years or more since your last baby
- You have previously suffered with pre-eclampsia
- At booking you have proteinuria (protein in your urine)
- At booking you have a diastolic blood pressure of 80 or more

## What is the cause?

Pre-eclampsia is linked to problems in the placenta. The placenta is the pregnancy organ that brings the baby food and oxygen from your blood. In pre-eclampsia the placenta can't get as much blood from you as it needs and this affects you and your baby in different ways.

## What is the treatment?

Because pre-eclampsia is caused by the placenta, it doesn't get better until sometime after delivery. Many women with pre-eclampsia have their babies early. The doctors and midwives monitor you and your baby very carefully and they may decide it is too risky to continue the pregnancy. Your doctor may give you medications to control blood pressure and reduce the risk of seizures (eclampsia) without harming your baby.

# Information about Pre-Eclampsia

## What happens next time?

If you have had pre-eclampsia once you may get it again. It is important in future pregnancies that your midwife knows that you have had it before because you need to be monitored more carefully.

## Can pre-eclampsia be prevented?

There is no reliable way to do this, although some women who have had it before may benefit from taking small daily doses of aspirin (150mg) in the next pregnancy. Some women may benefit from calcium supplementation during pregnancy, to reduce the risk of developing pre-eclampsia. This treatment should be discussed with your doctor.

**REMEMBER**  
Attend all your antenatal appointments  
Make sure your blood pressure and urine are checked at every antenatal appointment.

# Symptoms to look out for

**Headaches** - you should see a midwife or doctor if you have a headache that doesn't go away and have your blood pressure checked

**Swelling** - if you develop swelling in your hands or face you need to seek help and have your blood pressure checked. Some swelling in your feet or ankles is normal and happens in healthy pregnancy, but if this suddenly increases this may be the sign of a problem.

**Seizures or eclampsia** - if you have suffered a seizure or eclamptic fit you need to seek urgent medical attention at a hospital. These may stop but can happen again and can be life-threatening for you and your baby. Seek help and go immediately to hospital.

**Reduced baby movements** - if your baby is moving less, see a midwife or doctor as soon as possible to check a problem hasn't developed.

**Abdominal pain** - this can be a danger sign. Seek medical help. Pre-eclampsia can cause lower abdominal with or without bleeding or upper abdominal pain particularly on the right side.



# Understanding blood pressure

Your blood pressure and urine should be checked at every antenatal appointment because changes in blood pressure and urine can be signs of pre-eclampsia. Regular checks help keep you both safe.

## What is blood pressure?

Blood pressure is the force of blood pumping around your body. It is usually measured by a machine on your upper arm with an inflatable cuff. Blood pressure is recorded as two numbers for example 120/80.

- The first number (e.g. 120) is called the systolic and shows the pressure of the heart pumping.
- The second number (e.g. 80) is called the diastolic and shows the pressure as the heart relaxes.

## Blood pressure:

- Varies between people
- It also changes with the time of day and what you are doing
- It can also increase for a short time if you are worried or stressed. But if it remains high this is not due to stress. This is likely to be pre-eclampsia. Pre-eclampsia is not caused by stress or worrying.
- An average blood pressure of 120/80 is normal for women. However yours may be slightly higher or lower and still be completely normal for you.

# Blood pressure and urine checks



## What if my blood pressure is high?

- Your midwife should check your blood pressure at your first antenatal appointment and again at every visit after that.
- Stress, worry or activity can raise your blood pressure for a while, but if it stays high it may be the start of pre-eclampsia.
- There is no clear line between normal and high blood pressure, but a persistent reading of 140/90 or greater is a cause for further investigation by your midwife or doctor.
- If your blood pressure is showing signs of increasing, your midwife or doctor will need to check it more often. Each time they check it they should also check your urine for protein.

## Urine checks for protein

Your urine gives vital clues about the health of you and your baby.

- Your urine should be checked for protein if your blood pressure is high or rising. Protein in the urine is called proteinuria and is usually measured with a dipstick as either 'trace', +, ++ or +++. Anything greater than a 'trace' is of concern and needs investigation.

## What if protein is found in the urine?

If you have one + or more of protein and high blood pressure, you may have pre-eclampsia and will need extra medical care. Your urine may be checked for other causes of protein, such as an infection.

## What are the symptoms to look out for?

- Headaches, that don't go away sometimes accompanied by vomiting.
- Blurred vision, flashing lights or spots before your eyes
- Severe pain just below your ribs, especially on the right side
- Severe swelling (especially of hands and face or upper body, (swelling in legs or ankles is common in normal healthy pregnancy.)

**These symptoms are not always serious, but can indicate a serious problems such as pre-eclampsia.**

**To be safe contact your midwife or doctor urgently, if you experience these symptoms.**

**They should always check your blood pressure.**



## Checklist to keep you and your baby safe

- Never miss an antenatal appointment however well you feel
- Make sure your blood pressure and urine are checked each time and the results written into your notes
- Call your midwife, doctor or the labour ward if you feel unwell between appointments
- If you are found to have high blood pressure or protein in your urine, ask for another check-up within the week
- If your doctor/midwife suggests you need to be in hospital then you should take their advice, even if it is inconvenient
- If you have any concerns including the symptoms mentioned in this leaflet, you should seek medical help urgently and ask for a blood pressure check



## If you have pre-eclampsia



### Pre-eclampsia and you

- If your midwife suspects pre-eclampsia you will probably need to be checked at a hospital
- Your blood pressure and urine will be checked often and if your blood pressure is high 140/90 or more you may need drugs to control it. These are safe to use in pregnancy and will not harm your baby.
- Pre-eclampsia can affect blood vessels in many parts of your body, and you may also be tested for problems with your liver, kidneys and blood clotting system.

### Pre-eclampsia and your baby

- Pre-eclampsia can also affect the health of your unborn baby.
- Your baby will be checked regularly for slow growth and other signs of ill health.
- Some babies remain healthy even when their mothers have

severe pre-eclampsia, but if your baby seems unwell, or your own health is starting to be affected, your doctor may advise an early delivery either by induction or Caesarean section.

- You can still often have a normal delivery.
- Your midwife or doctor should discuss the extra support your baby may need with you, if they are delivered early.

### Birth and afterwards

- If you have pre-eclampsia, you and your baby will be monitored closely during labour and delivery.
- After your baby is born most women start to recover in a few days.
- A few women take weeks or, occasionally, months for their health to return to normal, but the pre-eclampsia eventually goes away.

## Checklist to keep you and your baby safe



### If you feel ill during pregnancy

- Many women feel well even with severe pre-eclampsia, but feeling ill can be a warning sign that you have the illness or that it is getting worse.
- If you start to feel unusually ill you should contact your carer and at least get your blood pressure checked.

It is important to attend all of your antenatal appointments to have your blood pressure checked. Women who have pre-eclampsia sometimes have no symptoms. This is why it's essential to have your blood pressure checked to detect problems.

**Visit our website at [www.apectint.org](http://www.apectint.org) to find out more information**

### **IT'S NOT YOUR FAULT!**

The exact cause of pre-eclampsia is not yet known. All pregnant women are at risk of pre-eclampsia. Pre-eclampsia is caused by pregnancy and not what you do. It is not caused by stress, worrying or what you eat.

# About Action on Pre-Eclampsia



Action on Pre-eclampsia International aims to raise public and professional awareness of hypertension in pregnancy globally. We aim to improve levels of care and ease or prevent physical and emotionally suffering caused by pre-eclampsia.

## **APEC Resources**

To order please visit our website

### **CRADLE VSA Blood pressure monitor**

The hand-held device measures blood pressure and heart rate and calculates the shock index. The CRADLE VSA can detect high blood pressure and shock. It is available to buy online via the APEC UK website [www.action-on-pre-eclampsia.org.uk](http://www.action-on-pre-eclampsia.org.uk)

## **Donations**

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