



Contact your doctor or midwife if you have concerns about pre-eclampsia.

APEC INTERNATIONAL can provide further information. Visit our website at www.apecint.org to find out more.



Postnatal recovery from pre-eclampsia

What is pre-eclampsia?

- Pre-eclampsia is a serious complication which can affect any pregnancy. It does not disappear immediately after the birth.
- It is characterised by high blood pressure (hypertension) and/or protein in the urine (proteinuria), abnormalities in the blood and other variable symptoms
- It can be dangerous to both mother and baby



Action on Pre-Eclampsia (APEC) is a Registered Charity (no. 1013557) that exists to educate, inform and advise the public and health professionals and campaign for greater public awareness of the prevalence, nature and risks of pre-eclampsia.

 www.apecint.org



What to expect and medical management

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Why worry about pre-eclampsia and hypertension after birth?

Although pre-eclampsia is usually considered a disease of the second half of pregnancy, it can show itself for the first time after delivery. Pre-eclampsia at any time can cause headaches, visual disturbances, nausea and vomiting and other unpleasant symptoms.

Hypertension can cause cerebral haemorrhage (a stroke) if not treated. Eclamptic fits can occur up to 23 days postnatally, and long term untreated hypertension can lead to heart and blood vessel problems.

Although serious problems are rare, they are all avoidable and treatable.

Facts about pre-eclampsia after the baby is born

- Pre-eclampsia always goes away eventually after the baby is born because it is a disease of the placenta (afterbirth)
- It may disappear within hours, or any time up to six months after the birth
- Occasionally pre-eclampsia presents for the first time up to four weeks after birth

- Pre-eclampsia may necessitate a longer postnatal stay in hospital until the blood pressure has been controlled for 24-48 hours, depending on the severity of symptoms and blood pressure readings
- Anti-hypertensive drugs (drugs to lower the blood pressure) should not be stopped without close medical supervision, and this should usually be done gradually
- If the hypertension does not eventually disappear after the birth, the condition will be diagnosed as non-pregnancy hypertension, which will require treatment to control cardiovascular problems in later life.

How should pre-eclampsia be managed after delivery?

All women should have their blood pressure checked soon after the birth. The condition of some women with pre-eclampsia will deteriorate soon after delivery and midwives and doctors monitor affected women very carefully.

Approximately a third of women with pre-eclampsia and pregnancy induced hypertension will continue to have hypertension after the birth or have a recurrence of hypertension within a week of birth, and 5-6% of women who develop pre-eclampsia will develop it in the postnatal period for the first time.

Medical management

- The drug methyldopa should be stopped and if necessary replaced by drugs such as Nifedipine, Atenolol, or Enalapril. These drugs are all considered safe in breastfeeding. Speak to your midwife or doctor if you have concerns.
- You may be asked to stay in hospital until your blood pressure can be maintained below 140/90, and this could take a few days
- When you go home your blood pressure should be measured regularly by the community midwife or health worker until the hypertension has resolved, and antihypertensive therapy reduced gradually as the blood pressure returns to normal. Rises in blood pressure may require readmission to hospital.
- You should be offered a medical review at your postnatal review (6-8 weeks after the birth), and further review(s) by a specialist if your blood pressure is still high
- Further information is available in the NICE Guideline *Hypertension in Pregnancy*, available from www.nice.org