On average, in every 100 women with raised blood pressure who start treatment (compared to those who do not), 10 fewer developed severely high blood pressure.

Benefits of treatment

Severely high blood pressure

<table>
<thead>
<tr>
<th>Treatment</th>
<th>No Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>10:100</td>
<td>20:100</td>
</tr>
</tbody>
</table>

Very rarely, pregnant women can have a stroke. This happens to about 15 women in 1 million. On average, in every 100 women who do have a stroke, 96 women will have severely high blood pressure and 4 women will not.

Stroke

<table>
<thead>
<tr>
<th>Treatment</th>
<th>No Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>96:100</td>
<td>4:100</td>
</tr>
</tbody>
</table>

On average, in every 100 women with severely high blood pressure (compared to raised blood pressure only), 24 more babies will need neonatal unit admission.

Admission to neonatal unit

<table>
<thead>
<tr>
<th>Harmful BP</th>
<th>Harmless BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;160/110mmHg</td>
<td>&lt;160/110mmHg</td>
</tr>
<tr>
<td>47:100</td>
<td>23:100</td>
</tr>
</tbody>
</table>

Very rarely, pregnant women can have a stroke. This happens to about 15 women in 1 million. On average, in every 100 women who do have a stroke, 96 women will have severely high blood pressure and 4 women will not.

On average, in every 100 women who aim for a blood pressure of 135/85mmHg (compared with 150/100mmHg), 13 fewer will get severely high blood pressure.

Setting targets - Reducing severely high blood pressure

<table>
<thead>
<tr>
<th>Harmful BP</th>
<th>Harmless BP</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;160/110mmHg</td>
<td>&lt;160/110mmHg</td>
</tr>
<tr>
<td>41:100</td>
<td>28:100</td>
</tr>
</tbody>
</table>

An in-consultation aid to support discussions about blood pressure in pregnancy treatment options

Women Baby/ Child

Side-effects of treatment

Baby/ Child

Taking blood pressure medication may benefit your baby.

The longer-term effect on your child’s health has been less well studied (currently no major concerns exist).
High blood pressure in pregnancy  Medication choice

1. **Labetalol**
   - **Type:** Beta blocker
   - **Total dose:** 200-2400mg
   - **Usual freq:** 3 times daily (inc. lunchtime)
   - **License:** Has a license

2. **Nifedipine**
   - **Type:** Calcium channel blocker
   - **Total dose:** 20-80mg
   - **Usual freq:** 2 times daily
   - **License:** Has a license for use in pre-term birth but not high blood pressure (used for many years)

3. **Methyldopa**
   - **Type:** Central acting agent
   - **Total dose:** 500-3000mg
   - **Usual freq:** 3 times daily (inc. lunchtime)
   - **License:** Does not have a license for use in pregnancy (used for many years)

---

**Side-effects**

- **Common side-effects (about 1:10 women):**
  - Headaches and shortness of breath.
  - Not advised in women with Asthma

- **Common side-effect (about 1:10 women):**
  - Headaches

- **Frequency of side-effects:**
  - Unknown: low mood and extreme tiredness.
  - Not advised in women with a history of depression or in the postnatal period

---

**Medication information**

- **All three medications lower BP in pregnancy. They are ranked by NICE guideline recommendations.**

---

**Baby**

- **Possible temporary low blood sugars immediately after birth**

**Child**

- **The longer-term effect on your child’s health has not been well studied (currently no major concerns exist).**

---

**Notes**

- NICE Clinical Guideline. London: Royal College of Obstetricians and Gynaecologists. 2019
- Bytzer P, Perinatal Outcomes following Antihypertensive Medication Use and曷果脭相关的母胎结局研究: a systematic review. Hypertens. 2017

© Copyright 2019 | Ownership: Rebecca Whybrow, Louise Webster, Jane Sandall, Lucy Chappell | Contact: Rebecca.whybrow@kcl.ac.uk