

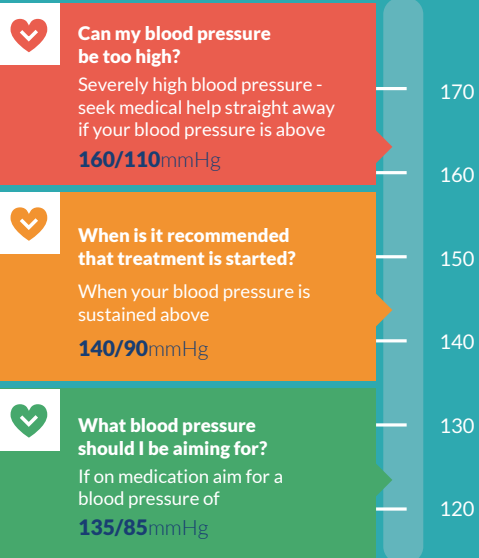
High blood pressure in pregnancy Treatment vs no treatment

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

1:10 women have high blood pressure in pregnancy



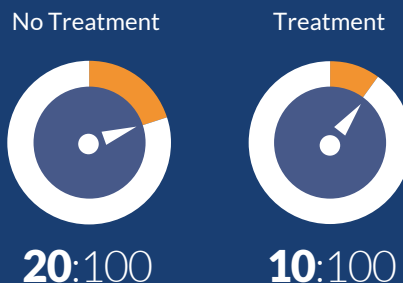
National guideline¹



Benefits of treatment

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.

Severely high blood pressure²



Side-effects of treatment

Women

Up to 1:10 will get³



Baby/ Child

Taking blood pressure medication may benefit your baby.



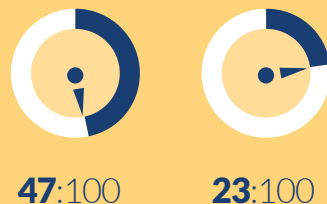
The longer-term effect on your child's health has been less well studied⁴ (currently no major concerns exist).



Admission to neonatal unit⁵

BP >160/110mmHg BP <160/110mmHg

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.



Severely high blood pressure
- Outcomes in babies



Low birth weight⁵

BP >160/110mmHg BP <160/110mmHg

On average, in every 100 women with severely high blood pressure (compared to high blood pressure only), 9 more babies will be born with a low birth weight.

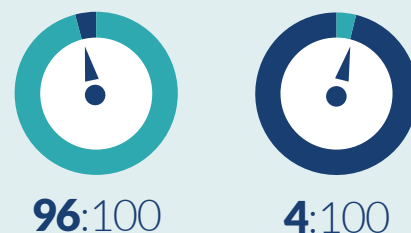


Severely high blood pressure - Outcomes in women

Very rarely, pregnant women can have a stroke. This happens to about 15 women in 1 million⁶. On average, in every 100 women who do have a stroke 96 women will have severely high blood pressure and 4 women will not⁷.

Stroke

BP >160/110mmHg BP <160/110mmHg

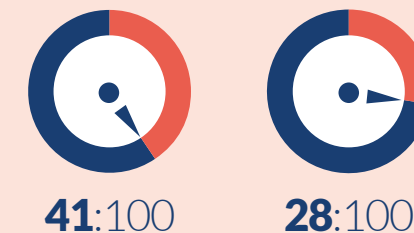


Setting targets - Reducing severely high blood pressure

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 pressure⁸.

Severely high blood pressure²

BP <150/100mmHg BP <135/85mmHg



High blood pressure in pregnancy Medication choice

Medication information	1 Labetalol	2 Nifedipine	3 Methyldopa
All three medications lower BP in pregnancy. They are ranked by NICE guideline recommendations ¹			
	Type: Beta blocker Total dose: 200-2400mg Usual freq: 3 times daily (inc. lunchtime) License: Has a license	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)	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	All three medications can commonly cause dizziness and tiredness (about 1:10 women).		
Women	<ul style="list-style-type: none"> Common side-effects (about 1:10 women): headaches and shortness of breath. Not advised in women with Asthma³ 	<ul style="list-style-type: none"> Common side-effect (about 1:10 women) headaches³ 	<ul style="list-style-type: none"> Frequency of side-effects unknown: low mood and extreme tiredness. Not advised in women with a history of depression or in the postnatal period³
Baby	When comparing the outcomes of babies born to women taking blood pressure lowering medication no differences in safety have been found between the three medications. ²		
Child	<ul style="list-style-type: none"> Possible temporary low blood sugars immediately after birth The longer-term effect on your child's health has not been well studied (currently no major concerns exist)⁴. 	<ul style="list-style-type: none"> No known side-effects The longer-term effect on your child's health has not been well studied (currently no major concerns exist)⁴. 	<ul style="list-style-type: none"> No known side-effects The longer-term effect on your child's health has not been well studied (currently no major concerns exist)⁴.

1 National Collaborating Centre for Women's and Children's Health (NCCWCH) (2019) Hypertension in Pregnancy: the management of hypertensive disorders during pregnancy. NICE Clinical Guideline. London: Royal College of Obstetricians and Gynaecologists.
 2 Abalos E, Duley L, Steyn DW. Antihypertensive drug therapy for mild to moderate hypertension during pregnancy. Cochrane Database Syst Rev. 2018.
 3 Joint Formulary Committee (2018) British National Formulary. Available at: <https://bnf.nice.org.uk/>
 4 Fitton CA, Steiner MFC, Aucott L, et al. In-utero exposure to antihypertensive medication and neonatal and child health outcomes: a systematic review. J Hypertens. 2017
 5 Magee LA, von Dadelzen P, Singer J, et al. The CHIPS Randomized Controlled Trial (Control of Hypertension in Pregnancy Study): Is Severe Hypertension Just an Elevated Blood Pressure? Hypertension. 2016
 6 Scott CA, Bewley S, Rudd A, et al. Incidence, risk factors, management, and outcomes of stroke in pregnancy. Obstet Gynecol. 2012
 7 Judy, A. E., C. L. McCain, E. S. Lawton, et al. (2019), "Systolic Hypertension, Preeclampsia-Related Mortality, and Stroke in California," Obstet Gynecol. 2019
 8 Magee LA, von Dadelzen P, Rey E, et al. Less-Tight versus Tight Control of Hypertension in Pregnancy. New England Journal of Medicine. 2015