

## Top 10 Points for Women and Their Families from the SOMANZ Hypertension in Pregnancy Guidelines 2023

1	If you develop high blood pressure when you are pregnant, you may need some tests to find out what type of blood pressure it is. This will help to pick what treatment you need. There are a few different types of high blood pressure: preeclampsia, gestational hypertension, chronic hypertension, white coat hypertension or masked hypertension.
2	All women should have their risk of developing preeclampsia assessed early in pregnancy (1st trimester). This can be done by combining personal medical history, family history and test results. There are extra tests that can improve the risk assessment for preeclampsia. These tests are not widely available across Australia and New Zealand and you may have to pay for the test if you have one.
3	If you are at risk of developing preeclampsia, there are things you can do to reduce your chances of developing it. Talk to your doctor or midwife about the steps you can take including: 1) Take 150mg of aspirin every evening (to be started before 16 weeks of pregnancy) 2) Take calcium tablets if dietary calcium intake is found to be low 3) Do aerobic exercise (total of 2.5 – 5 hours a week)
4	If you are at risk of developing preeclampsia, the risk can be reduced by up to 60-70% by taking 150mg of aspirin every evening without missing it. Women should stop taking aspirin as instructed by their doctor. Aspirin can be stopped any time after 34 weeks gestation.
5	If you have symptoms that are like preeclampsia, (e.g. new blood pressure, headache or swollen legs), a blood test (sFlt-1/PlGF ratio) can help rule out preeclampsia. It will rule out preeclampsia for the next 1-4 weeks. This test is not widely available across Australia and New Zealand and may be at an extra cost to the woman. This test is currently not reliable enough to help with timing of delivery decisions.
6	If you have only high BP (gestational or chronic hypertension) the BP should be controlled to a target BP of $\leq 135/85$ mmHg. When BP is controlled to these levels it is beneficial for the mother without any harm to the baby.
7	If you want to check your blood pressure at home use a machine that is known to be reliable. Home BP checks or special machines worn for a whole day can help find out if you have a type of high blood pressure that shows up only at the doctor's office or if the blood pressure only occurs at home. It's okay to check the BP at home, but the doctor should tell you what to do if your blood pressure is too high. It's also very important to keep going for your baby check-ups. Checking your BP at home doesn't replace those visits
8	If you have preeclampsia at or after 37 weeks of pregnancy, delivery should be planned. If you have preeclampsia, before 37 weeks of pregnancy, immediate delivery might not be needed depending on your situation. If very early delivery is needed, your doctor may recommend medicines to help baby's lungs develop. You may also be given magnesium to help protect the baby's brain. Doctors will recommend these medicines according to how far along in the pregnancy you are.
9	If you had preeclampsia, you shouldn't take certain medicines called NSAIDs (Non-steroidal anti-inflammatory drugs). But if there's no other choice of pain medicines after birth, you can use NSAIDs for a short time when you are in the hospital.
10	If you had preeclampsia or gestational hypertension, you should talk to your doctor about what might happen later in life. You have a higher risk of high blood pressure, heart issues, stroke or kidney problems later on. You should learn what you can do to stay healthy and prevent blood pressure problems in any future pregnancy. Any abnormal tests like protein in your urine or liver test abnormalities, should go back to normal after pregnancy. If they don't, your doctor may have to look into them a little more.