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A small percentage of pregnant women in the United States have hypertension at some point during pregnancy. Some cases are mild; other cases are serious. The treatment varies depending on the type you have and how far you are in pregnancy. There are three main types of hypertension during pregnancy: chronic hypertension. This is hypertension you had before you got pregnant. It may also refer to hypertension that is obtained before the 20th week of pregnancy. Sometimes you may have high blood pressure for a long time before you get pregnant, but you don't know until your first prenatal visit with your doctor. Chronic hypertension can lead to serious problems, including preeclampsia. This type of hypertension continues after you have your baby. Gestational hypertension. This is hypertension that you get after your 20th week of pregnancy. Most of the time, this hypertension doesn't hurt you or your baby. You may not even have any other symptoms. However, sometimes this type of hypertension is severe. It can cause the birth of the baby smaller than normal (have a low birth weight). Your baby could also be born early for this. It can lead to preeclampsia. And while he usually leaves within three months of giving birth, it can increase the risk of getting high blood pressure in the future. Preeclampsia. This is a sudden increase in blood pressure after the 20th week of pregnancy, typically in the third trimester. It can also cause damage to the liver, kidneys or brain. You may have seizures. You may have significant swelling in your legs and sometimes in your arms and face. This condition is serious. It can hurt both you and your child, and even be in danger of life. Some women get preeclampsia after delivering their baby. This is called postpartum preeclampsia. In some cases, hypertension during pregnancy can cause harm to you and your baby. You could develop gestational diabetes. You may have heart or kidney problems. You're even more at risk of stroke. Hypertension can prevent the placenta from getting enough blood. (The placenta gives oxygen and food to your child.) If the placenta doesn't have enough blood, your baby doesn't have enough oxygen and food. This can cause low birth weight and premature birth. Hypertension can lead to abrupt placental. This is when the placenta becomes unattached to the uterus. This can be a life-threatening situation for both you and your child. Watch out for these symptoms. However, keep in mind that some of these symptoms are common among pregnant women and don't necessarily mean you have a problem. Talk to your doctor about all your symptoms. Constant headache. Changes to your vision. Abdominal pain, and vomiting. Shortness of breath. Swelling of the hands and face. Low urine, or not. Some women are more likely to hypertension while I'm pregnant. These include women who: they are having their first child. Having a mom or sister who had high blood pressure while they were pregnant. They carry more children (twins, triplets). They're over 40. They're African-American. They were overweight when they got pregnant. She had high blood pressure before she got pregnant. No tests diagnose hypertension during pregnancy. Instead, your doctor will take your blood pressure in each of your prenatal appointments. It will track blood pressure readings during pregnancy and be able to spot any changes that could indicate a general problem. It will also use urine and blood tests to observe possible problems. It can't be prevented. However, you can reduce your chances of doing so by making the necessary changes before you get pregnant. These include getting or maintaining a healthy weight, eating a healthy diet, and exercising regularly. If you have chronic hypertension before you become pregnant, talk to your doctor. It will look at how well your hypertension is handled and let you know if you need to make changes before you get pregnant. If you have chronic hypertension, you may have taken medication for this before you became pregnant. Tell your doctor what medicine you are taking. You could say it's okay to continue that medicine. But if the medicine is not safe for your baby, you may need to switch to another medicine during pregnancy. As with all pregnancies, your doctor will check your blood pressure and urine during your regular appointments. If you have gestational hypertension, your doctor will monitor your blood pressure and urine more closely. It will do so to observe signs of preeclampsia. The doctor can also monitor the child. One way to do this is with an ultrasound. This is a painless test that allows your doctor to see your baby inside your body. If you have preeclampsia, the treatment depends on where it is in relation to the expiration date. That's because preeclampsia often leaves after having your baby. If you are 37 weeks pregnant or more, your doctor may suggest having the baby as soon as possible. However, if you are less than 37 weeks pregnant, your doctor may choose to monitor you even more closely than before. Along with normal urine and blood tests, you may need to take medication to help your blood pressure. It may also be necessary to take medicines that help prevent seizures, which can occur with preeclampsia. You may be told to stay in bed until your baby is born. You can get a steroid shot of a medicine that will help the baby's lungs develop faster in case the baby has to be born early. Your child will continue to be watched ultrasonically. Your doctor can also look at your child's health through a heart monitor. If preeclampsia is extremely extremely the doctor may say that it is necessary to deliver the child immediately, regardless of the proximity to the expiration date. Go to each of your prenatal visits with your doctor. This will allow him to monitor blood pressure. Your doctor can ask you to record your blood pressure at home. He or she can give advice on how to do it. Your doctor will check your urine on each visit. High levels of protein in urine can be a symptom of preeclampsia. Discuss all your medicines with your doctor. Also, do not start or stop taking medicines, including over-the-counter medicines, without talking to your doctor. Some of these can affect blood pressure. I'm pregnant and I have high blood pressure. How great is my risk of developing gestational hypertension or preeclampsia? Is there anything I can do to reduce my risk? Will the meds help me? How many times do I have to see you for dating? What are my treatment options? Needing rest in bed? Do I need a C-section? Or can I have a vaginal birth? Copyright © American Academy of Family Physicians This information provides a general overview and may not apply to everyone. Talk to your GP to find out if this information applies to you and to get more information on this topic. Experts are calling for a change in medications to reduce the risk of death. Share on PinterestFor people with high blood pressure, fluctuating readings are a warning sign that you may need to change medication. New research presented today at the American College of Cardiology Scientific Session pointed out that two types of hypertension drugs - alpha-blockers and alpha-2 agonists - are associated with blood pressure variability. And these fluctuations are linked to an increased risk of death. Researchers at the Intermountain Medical Center Heart Institute in Utah are encouraging doctors to prescribe other blood pressure medications to reduce the risk of mortality for their patients. The lower variation in blood pressure during visiting the doctor's office over time means it will do better in the long run, Dr. Brian A. Clements, the lead researcher, told Healthline. Previous research had already revealed a link between large changes in blood pressure with mortality risk. But that research didn't associate these fluctuations with the type of drug used to treat hypertension. More than 10,500 people who had at least seven blood pressure readings participated in this study. Participants were enrolled between 2007 and 2011 and were followed for at least five years, until June 2016. The researchers both the change in blood pressure and the blood pressure drug used by each participant. Dr. Clyde Yancy, head of cardiology in the department of medicine at Northwestern Feinberg School of Medicine, said the study's findings may reflect an absence of effectiveness rather than a real sign of harm. It is very difficult to explain all the many variables at stake in this data, and other explanations may still be relevant to explain the damage, he said, speaking on behalf of the American Heart Association. That is, alpha-blockers and alpha-2 agonists are not necessarily dangerous, but less effective than other drugs for hypertension. The results presented today reflect a growing trend in U.S. health care that underscores greater importance in maintaining a healthy blood pressure range. New scientific guidelines presented last year identified hypertension readings as 130/80. Hypertension was previously defined as 140/90. That announcement made waves, as it suddenly put 46% of U.S. adults in the hypertension category. Treatment for hypertension, or hypertension, has evolved, Yancy said. New evidence clearly shows that we can reduce the risk of stroke and death from heart disease by carefully controlling blood pressure in those at higher risk of heart disease. For people with hypertension, there is a number of other approved drugs available that may be safer and more effective than alpha-blockers and alpha-2 agonists. Both Yancy and Clements are emphasizing that such drugs include: thiazid diuretics (clotalidone, hydrochlorothiazide)ACE inhibitors (benazepril, zofenopril, lysinopril and many others)calcium channel blockers (amlodipine, diltiazem)angiotensin II receptor blockers (losartan, valsartan)These therapies are all safe and effective, Yancy said. Everyone should know about blood pressure. If it is [over] 130/80 mm Hg, see a healthcare professional to determine your risk of heart disease and the best approach to dealing with blood pressure, he said. But drugs are not the only answer for people with high blood pressure. The best news is that the initial therapy for hypertension does not always involve drugs. Rather, we now emphasize the benefit of lifestyle changes by adding drugs for those at higher risk and with higher blood pressures, Yancy said. When you take blood pressure, the higher number is for systolic blood pressure. This is how much pressure is exerted against the arterial walls when the heart beats. The lower number is diastolic blood pressure. This is how much pressure is exerted against the arterial walls between the heartbeats. Clement recommends these tips to get accurate and consistent readings: sit or lie down for 15 minutes before taking a blood pressure reading. Do nothing that can stress before making a reading. Be sure to use a suitable blood pressure cuff. It shouldn't be too big or too tight. Tight.

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