

Gestational Hypertension



What is gestational hypertension?

Gestational hypertension is high blood pressure in pregnancy. It occurs in about 3 in 50 pregnancies.

This condition is different from chronic hypertension. Chronic hypertension happens when a person has high blood pressure before they get pregnant. It's also different from preeclampsia and eclampsia. These are other blood pressure problems in pregnancy.

Gestational hypertension often starts in the second half of pregnancy. It normally goes away after your baby is born.

What causes gestational hypertension?

Healthcare providers don't know what causes this condition. The following things may increase your risk:

- Having high blood pressure before pregnancy or with a past pregnancy
- Having kidney disease
- Having diabetes
- Being younger than 20 years of age or older than 40 years of age
- Being pregnant with multiples, such as twins or triplets
- Being African American

What are the symptoms of gestational hypertension?

Symptoms can occur a bit differently in each pregnancy.

The main symptom is high blood pressure in the second half of pregnancy.

High blood pressure in pregnancy can lead to other serious issues. These can include preeclampsia. You should watch for signs of high blood pressure, but some people don't have any symptoms. They can include:

- Headache that doesn't go away
- Edema (swelling)
- Sudden weight gain
- Vision changes, such as blurred or double vision
- Nausea or vomiting
- Pain in the upper right side of your belly, or pain around your stomach
- Making small amounts of urine

How is gestational hypertension diagnosed?

If your blood pressure increases, your healthcare provider may diagnose you with this condition. You may also have the following tests to check for this issue:

- Blood pressure readings

- Urine testing to check for protein, which is a sign that your kidneys aren't working well
- Checking for swelling
- Checking your weight more often
- Liver and kidney function tests
- Blood clotting tests

How is gestational hypertension treated?

Blood pressure monitoring

Your healthcare provider may check your blood pressure more often. You should also tell your healthcare provider if you have any new symptoms.

Fetal monitoring

Your healthcare provider may do tests to check the health of your baby. These tests may include:

- **Fetal movement counting.** You'll keep track of your baby's kicks and movements. A change in the number of kicks or how often your baby kicks may mean your baby is under stress.
- **Nonstress testing.** This test measures your baby's heart rate in response to its movements.
- **Biophysical profile.** This test combines a nonstress test with an ultrasound to watch your baby.
- **Doppler flow studies.** This test is a type of ultrasound that uses sound waves to measure the flow of your baby's blood through a blood vessel.

Lab testing

Your healthcare provider may test your urine and blood at every prenatal checkup. This testing will tell if your condition is getting worse.

Medicine

Your healthcare provider may give you corticosteroids. These medicines can help your baby's lungs mature. You'll get these medicines if it looks like your baby is going to be born early.

What are possible complications of gestational hypertension?

High blood pressure can affect your blood vessels. It may decrease blood flow in your liver, kidneys, brain, uterus, and placenta.

This condition can get worse. It can lead to preeclampsia and eclampsia. These are serious blood pressure problems. These issues can cause the following problems:

- Placental abruption, when the placenta pulls away from the uterus too early
- Poor fetal growth (intrauterine growth restriction)
- Stillbirth

- Seizures (eclampsia)
- Death of the mother and baby

Because of these risks, your healthcare provider may decide that you need to have your baby early. This may happen before 37 weeks of pregnancy.

Even if your blood pressure goes back to normal after childbirth, you have a higher chance of having high blood pressure in the future.

Can gestational hypertension be prevented?

Having this issue diagnosed and treated early may help reduce your risk for complications. That's why it's important to go to your prenatal checkups. Doing so may keep your condition from getting worse.

When should I call my healthcare provider?

Call your healthcare provider right away if you have signs of high blood pressure. Symptoms can include a headache that doesn't go away, blurred or double vision, swelling, or making less urine than normal.

Key points about gestational hypertension

- Gestational hypertension is a form of high blood pressure in pregnancy. It occurs in about 3 in 50 pregnancies.
- This condition can affect the health of both the birth parent and the baby, depending on how severe the issue is.
- Call your healthcare provider right away if you have signs of high blood pressure. Symptoms can include a headache that doesn't go away, blurred or double vision, swelling, or making less urine than normal.
- The goal of treatment is to prevent the condition from getting worse and causing other problems.

Next steps

Tips to help you get the most from a visit to your healthcare provider:

- Know the reason for your visit and what you want to happen.
- Before your visit, write down questions you want answered.
- Bring someone with you to help you ask questions and remember what your provider tells you.
- At the visit, write down the name of a new diagnosis and any new medicines, treatments, or tests. Also write down any new instructions your provider gives you.
- Know why a new medicine or treatment is prescribed and how it will help you. Also know what the side effects are.
- Ask if your condition can be treated in other ways.
- Know why a test or procedure is recommended and what the results could mean.
- Know what to expect if you do not take the medicine or have the test or procedure.
- If you have a follow-up appointment, write down the date, time, and purpose for that visit.
- Know how you can contact your provider if you have questions.

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