

Women with pre-eclampsia are at higher risk of complications following childbirth

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Women with pre-eclampsia are at a higher risk of complications following delivery and should continue to be monitored for up to 72 hours, suggests a new review published today in *The Obstetrician and Gynaecologist* (TOG).

The review analyses the [health risks](#) associated with postnatal [hypertension](#), elevated blood pressure that occurs after [childbirth](#), and looks at the women at risk of this condition and treatments available.

There is extensive literature on hypertension in the antenatal and intrapartum period, but there is little information on postpartum hypertension.

Following an uncomplicated pregnancy most women will experience increased blood pressure during the postpartum period; however, sustained hypertension in the postnatal period can be a life threatening condition, states the review.

Women most at risk of developing postnatal hypertension are those who have had pregnancy induced hypertension or pre-eclampsia. These women remain at risk of serious complications following delivery and should continue to be monitored as an inpatient for at least 72 hours, says the review. However, women can also develop hypertension following delivery without prior [risk factors](#). Symptoms can include headaches, [visual disturbance](#), nausea and vomiting.

The potential complications of pre-eclampsia in the postpartum period are largely similar to those in the antenatal period with the exception of fetal complications and severe hypertension should prompt urgent treatment to prevent cerebral haemorrhage, says the review.

The review looks at a previous study which analysed the outcomes of women readmitted to hospital in the postnatal period (up to day 24) who received a diagnosis of pre-eclampsia. The results showed a high incidence of complications: 16% were diagnosed with eclampsia, 9% with pulmonary oedema (a build up of fluid) and one [maternal death](#) was reported.

Recently published NICE guidance for postpartum care indicates that blood pressure should be measured within 6 hours of delivery. Furthermore, at the first postnatal contact, all women should be made aware of the symptoms of pre-eclampsia along with the need to urgently contact an appropriate health professional if they have symptoms.

The authors of the review emphasise the need for prolonged vigilance in the [postpartum period](#) and the importance of investigating reported symptoms in at-risk women. They also recommend that both hospital and community teams need to have referral and management guidelines in place around postnatal hypertension.

Furthermore, the authors of the review conclude that women at increased risk of hypertension should be offered low-dose aspirin and increased blood pressure surveillance in a future pregnancy.

Jason Waugh, co-author of the review and TOG's Editor-in-Chief said:

"There is little evidence to guide clinicians treating postpartum hypertension. Poorly managed postpartum hypertension frequently causes unnecessary concern for the patient and her carers, delays

discharge from hospital and will occasionally place women at risk of significant complications.

"Women with pre-eclampsia should be encouraged to delay discharge and once they leave hospital the community midwife should monitor blood pressure for the first 2 weeks. This is then followed up at the 6-week postnatal visit. If symptoms persist there may be an underlying cause."

More information: Smith M, Waugh J, Nelson-Piercy C. Management of postpartum hypertension, *The Obstetrician & Gynaecologist* 2013; 15:45–50

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