

Researcher investigating whether self-monitoring of blood pressure can result in earlier pre-eclampsia diagnosis

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Credit: City University London

An academic from City University London is working with colleagues from across the UK to explore whether giving pregnant women the means to monitor their own blood pressure and urine safely from home can result in an earlier diagnosis of raised blood pressure and pre-eclampsia. Such measures could result in faster access to treatment and reduce the risk of complications for both the mother and the baby.

Including academics and clinicians from the University of Oxford, King's College London, Queen Mary University of London and the University of Birmingham, Professor Christine McCourt from the School of Health Sciences at City will focusing particularly on the

implications for the way antenatal care is provided.

In the past many [women](#) have expressed an interest in monitoring their own blood pressure in between antenatal visits but currently there is very little research to guide this. As a result, self-monitoring has the potential to improve the detection and management of raised blood pressure in [pregnancy](#) by providing much more data on blood pressure without a large increase in burden for women, who might not need to attend hospital so often. Increasing women's involvement through self-monitoring could underpin a new cost-effective model of care during pregnancy which improves satisfaction and delivers quality outcomes.

While raised blood pressure is a common problem during pregnancy, pre-eclampsia is diagnosed if the mother has raised blood pressure and protein in her urine after the 20th week of pregnancy. Affecting about one in ten women, raised blood pressure and pre-eclampsia are a major cause of death and premature birth in the UK and worldwide.

Diagnosis is currently made from monitoring blood pressure and urine at [antenatal visits](#) throughout the pregnancy, and early diagnosis of raised blood pressure and pre-eclampsia is important and can reduce complications for both the mother and the baby.

The team have already conducted a preliminary study of 201 pregnant women who monitored their own blood pressure, of which 30 additionally monitored their urine. The research suggests that with support from midwives and doctors, it is possible for women to monitor blood pressure and urine safely, potentially identifying problems earlier.

This new study will investigate whether optimising the monitoring and management of raised BP during pregnancy through self-monitoring of BP and urinary protein is effective, acceptable and cost-effective compared to usual care. To do this, the academics and clinicians will

work with [pregnant women](#), doctors and midwives to develop a simple and accurate method of self-monitoring blood pressure and urine in pregnancy.

Speaking about the research, Professor Christine McCourt, Professor of Maternal and Child Health in the School of Health Sciences at City University London, said:

"As part of this study we are looking to see if we can improve the detection of pre-eclampsia – a condition which affects one in ten women – by asking them to monitor their own [blood pressure](#) and [urine](#) safely at home. We will be looking at the women's experiences of this and the implications for the way antenatal care is provided, and we hope that by developing a simple and accurate method we can improve women's experience of care and ensure faster access to treatment for anyone affected by the condition."

Provided by City University London

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