

All women should be educated after childbirth about high blood pressure

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After childbirth, it is not uncommon for women to experience high blood pressure. If not treated, it can have serious consequences, including stroke and, in some cases, death. It is unclear what causes high blood pressure after childbirth, or who may develop it.

In a study to be presented today at the Society for Maternal-Fetal Medicine's (SMFM) [annual meeting](#), The Pregnancy Meeting, researchers will unveil findings that suggest all women, regardless of whether they have a history of [high blood pressure](#), need to be educated about the signs and symptoms of high [blood](#) pressure, also known as postpartum hypertension.

The study looked at 164 women from September 2016 to July 2019 who gave birth at Children's Memorial Hermann Hospital in Houston and were readmitted with high blood pressure. The majority of women (64.6%) were readmitted within seven days, and 39 percent of those women were not diagnosed with high blood pressure prior to being

discharged.

"Texas has one of the highest maternal mortality rates in the nation. As clinicians, we're always looking for ways to tailor interventions so we can reduce deaths," said the study's lead author Conisha Holloman, MD, a maternal-fetal medicine fellow with McGovern Medical School at UTHealth in Houston. "At our hospital, we noticed a lot of women were being readmitted after giving birth with high blood pressure, even when they didn't have a history of high blood pressure. While clearly more research needs to be done on what causes high blood pressure after [childbirth](#), what our study reveals is a strong need to educate all [women](#)—not just those who may be at a higher risk—about the signs and symptoms of high blood pressure before they are discharged."

More information: Conisha Holloman et al, 26: Postpartum hypertensive disorders of pregnancy: Discharge diagnosis and interval to readmission, *American Journal of Obstetrics and Gynecology* (2019). [DOI: 10.1016/j.ajog.2019.11.042](https://doi.org/10.1016/j.ajog.2019.11.042)

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