Hypertension and pregnancy

Appearing suddenly, as if from out of the blue, pre-eclampsia can affect an otherwise healthy woman during the latter stage of pregnancy – and, if not managed carefully, threaten both her life and her baby’s.

In some, the first sign may be a headache. Others may have more warning, and may have noticed rapid weight gain, swollen ankles and a feeling of malaise. At a check-up, elevated blood pressure and levels of protein in the urine are detected.

Immediate action is essential to prevent the condition from turning into eclampsia. The word itself is derived from the Greek ekklampsia: a bolt of lightning.

“Hypertension appearing for the first time in the latter part of pregnancy is a serious condition,” Dr. August explained. “It can evolve so quickly to a situation where the woman has a convulsion, the baby can die, the placenta can separate and you can have bleeding. It is one of the leading causes of maternal death in the world.”

Some of the mechanisms underlying its onset are now known, and we have an understanding of which patients are most at risk of developing the condition; but its ultimate cause remains a mystery, said Dr. August.

Teenagers pregnant for the first time and the over-forties are at risk, as are women who are overweight or suffering from an autoimmune condition such as lupus erythematosus.

Immunologic tolerance may be part of the explanation, with the mother’s body in effect mounting an immune response to the father’s genetic material. Further, since the 1990s, research into early-onset pre-eclampsia has led to the discovery that a thrombophilia – increased tendency of the blood to clot – may be responsible in some women.

Management of the condition warrants careful monitoring and rest. In the case of eclampsia, delivering the baby is the only solution, preferably as close to term as possible.

The condition should be seen in the context of women’s wider health, Dr. August suggested: “Pregnancy is to some extent a window on a woman’s cardiovascular future. The traditional risk factors, such as being overweight, type 2 diabetes, hypertension and dyslipidemia, put her at risk for pre-eclampsia. So it’s good for her to pay attention to her cardiovascular health, especially if she’s thinking of getting pregnant after the age of 35.”