

An anatomical illustration of a human heart, rendered in a red line-art style. The heart is shown from a slightly elevated, anterior perspective, with its major blood vessels (aorta, pulmonary artery, and pulmonary veins) clearly visible. The illustration is detailed, showing the texture of the heart muscle and the branching of the vessels. The background is a solid light purple color.

Hypertension

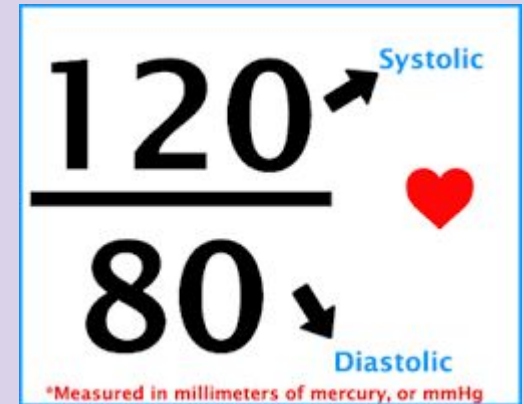
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What is Hypertension?

When there is increased flow and/or resistance in the circulatory system, resulting in unusually **high blood pressure** (for that particular person) and/or reaching absolute systolic/diastolic values of concern.

Generally defined as values over **140/90**.

Severe Damage at 160/120.



Gestational Hypertension

Developing **high blood pressure** specifically while **pregnant**. Hypertension should be taken very seriously in pregnancy, as it can lead to complications in the pregnancy and for long-term health.

Two readings exceeding 140/90 taken in an optimal environment at least 6 hours apart.

Concern when at 130/80.

Chronic Hypertension

“Pre Existing Hypertension”

Present or develops before 20 weeks of pregnancy.

This person is not appropriate for OOH midwifery care.

Gestational Hypertension

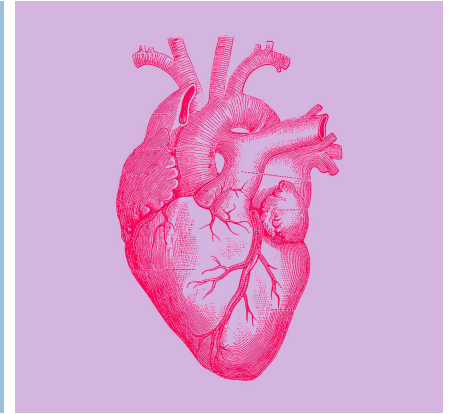
Present or develops after 20 weeks of pregnancy (most commonly 35+wks)

This person may require co-managed care with a physician or obstetrician.

Common Symptoms

Hypertension makes a body feel strange! (Or sometimes, it doesn't.)

1. Elevated Blood Pressure reading
2. Headache (no relief with meds)
3. Blurred vision or seeing spots/stars
4. Liver Pain
5. Nausea/Vomiting, Edema



Risk Factors

For developing gestational hypertension

- Family history of hypertension
 - Hypertension in previous pregnancy
 - Gestational Diabetes
 - Multiple Pregnancy
 - Age <20yo, or >40yo
-

Contributing Factors

For developing gestational hypertension

- Stress
 - Racism & Societal Oppression
 - Nutrient Deficiency or Imbalance
 - Dehydration
 - Low Socioeconomic Status
 - Larger Bodies
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So What? What might happen?

Pregnant Person

Vascular Damage

Liver Failure

Renal Failure

Disseminated Intravascular Coagulation

Hypertensive Disorders of Pregnancy

Medical Induction of Labor / Cesarean

Baby

Placental Abruption

Fetal Growth Restriction

Oligohydramnios

Intolerance of Labor

Vacuum/Forceps/Cesarean

Hypertensive Disorders of Pregnancy

Gestational Hypertension

Pre-Eclampsia

Eclampsia

HELLP Syndrome (Hemolysis, Elevated Liver Enzymes, Low Platelets)

How do you know it's just hypertension?

Rule out other hypertensive disorders of pregnancy with

- History
- Symptoms
- Bloodwork (CBC, Liver Panel)

What are you going to do about it? **Treat the Hypertension**

Allopathic Treatment

- Prescription antihypertensives
- Induction of Labor at term
- Weekly NSTs, BPPs

Holistic Treatment

- Nutrition & Hydration
 - Acupuncture
 - Stress Reduction
 - Moderate Exercise
 - Herbal Remedies
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What are you going to do about it? **Monitor the Hypertension**

Monitoring

- Frequent BP checks (1-2x/week)
- Counseling on symptom development
- Consider NSTs, BPPs
- Consider (home) induction

Ensuring no other HDPs

- Monitor extra symptom development
 - Regular bloodwork
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Pregnancy

What are your comfort levels with hypertension?

What monitoring can you offer?

When do you consider induction of labor?

When does a person risk out of OOH care?

Labor

What are your comfort levels with hypertension?

For how long? In which stages of labor?

When does a person risk out of OOH care?

Postpartum

What are your comfort levels with hypertension?

What extenuating circumstances “excuse” hypertension?

What monitoring can you offer?

When does a person need to see a doctor?