

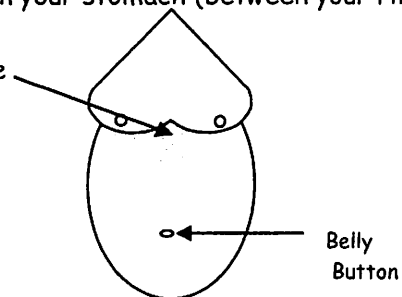
## What is Pregnancy Related High Blood pressure?

- Pregnancy related high blood pressure is a disorder that only happens in pregnancy. It used to be called "toxemia".

- Pregnancy related high blood pressure usually develops toward the end of pregnancy, and is more common in women having their first baby, those with high blood pressure before pregnancy, diabetes, and those with twins or triplets.

- The symptoms can develop over 1 or 2 days, and can be mild or severe. They include:

- You might have blurred vision or flashing spots before your eyes that last for more than an hour.
- You might have a headache that simply won't go away with the use of usual medicines such as Tylenol.
- You might have a pain in your stomach (between your ribs) that also will not go away.
- The pain is usually here



- If unrecognized and left untreated, pregnancy related high blood pressure can make both mom and baby very sick. Therefore, it is important to call the doctor, nurse or midwife right away if you develop any of the symptoms listed above.

- They may then check your blood pressure to see if it is high, and check your urine for protein. (This is why they are checked at each visit).

**If you have any of these symptoms  
(and you don't have to have them all),  
please call your doctor, nurse or midwife.  
Don't wait until your next prenatal visit.  
(SEE OTHER SIDE)**

## Who benefits from taking a baby aspirin in pregnancy?

- High quality studies show that low-dose aspirin reduces the risk of severe high blood pressure in pregnancy, premature delivery, and underweight babies in women who are at higher risk.
- These same studies show that low-dose aspirin is safe in pregnancy, with no harm to the fetus.
- A woman should be identified as being at higher risk (or not at higher risk) by 12 to 16 weeks of pregnancy.

If a woman has any two of the following risk factors, then her pregnancy is said to be at relatively "higher risk":

### Factors from a prior pregnancy:

- Preeclampsia
- Placental abruption
- Placental infarction
- Fetal growth restriction
- Delivery before 37 weeks
- Stillbirth

### Factors in the current pregnancy:

- Nulliparity
- Age 40+ years
- Body mass index over 30 kg/m<sup>2</sup>
- Chronic hypertension
- Prepregnancy diabetes (type 1 or 2)
- Chronic kidney disease
- Systemic lupus erythematosus
- Assisted reproduction
- Twin or triplet pregnancy

- If a woman has **two or more** of the above risk factors, then a baby aspirin 81 mg each night should be started at 12 to 16 weeks of pregnancy, as recommended by her doctor or midwife.
- If her caregiver feels that it is necessary, then aspirin may be started if there is a single *very strong* risk factor (e.g., chronic hypertension or chronic kidney disease), or 3 weaker risk factors.
- The dose of aspirin should not be changed without a discussion with her pregnancy doctor or midwife.
- The aspirin can be continued until 37 weeks of pregnancy unless her doctor or midwife suggests a different time to stop it.