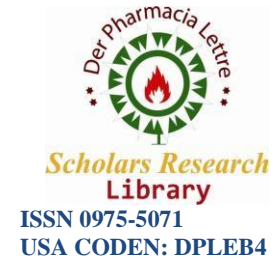


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Der Pharmacia Lettre, 2023, 15(3): 03-04
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Managing High Blood Pressure during Pregnancy: Approaches and Considerations

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Received: 27-Feb-2023, Manuscript No. DPL-23-94430; **Editor assigned:** 03-Mar-2023, PreQC No. DPL-23-94430 (PQ);

Reviewed: 17-Mar-2023, QC No. DPL-23-94430; **Revised:** 24-Mar-2023, Manuscript No. DPL-23-94430 (R); **Published:** 31-Mar-2023, DOI: 10.37532/dpl.2023.15.03.

DESCRIPTION

Hypertension during pregnancy is a common medical condition that affects about 10% of pregnancies. Hypertension in pregnancy is usually defined as a systolic blood pressure of 140 mmHg or higher and/or a diastolic blood pressure of 90 mmHg or higher after 20 weeks of gestation. It can be classified into four categories: chronic hypertension, gestational hypertension, preeclampsia, and superimposed preeclampsia on chronic hypertension. The management of hypertension in pregnancy is challenging and requires a multidisciplinary approach. The objective of this study is to provide an overview of the treatment of hypertension in pregnancy.

Chronic hypertension is defined as hypertension that predates pregnancy or is diagnosed before 20 weeks of gestation. The goal of the management of chronic hypertension in pregnancy is to maintain blood pressure at less than 140/90 mmHg. Antihypertensive drugs are usually indicated if the blood pressure is persistently higher than 150/100 mmHg, or if there are signs of end-organ damage, such as proteinuria or renal insufficiency. Angiotensin-Converting Enzyme (ACE) inhibitors and Angiotensin Receptor Blockers (ARBs) should be avoided during pregnancy because they can cause fetal renal failure and/or oligohydramnios. Beta-blockers, calcium channel blockers, and diuretics are considered safe and effective for the management of chronic hypertension in pregnancy. The choice of antihypertensive drug should be based on the individual patient's characteristics and comorbidities.

Gestational hypertension is defined as hypertension that develops after 20 weeks of gestation in a previously normotensive woman. The goal of the management of gestational hypertension is to prevent the development of preeclampsia and its associated complications. Antihypertensive drugs are not usually indicated unless the blood pressure is persistently higher than 160/110 mmHg or if there are signs of end-organ damage. In such cases, the same antihypertensive drugs used for the management of chronic hypertension can be used.

Preeclampsia is a multisystem disorder that affects about 5% of pregnancies. It is characterized by hypertension, proteinuria, and/or end-organ damage, such as renal insufficiency, liver dysfunction, neurological symptoms, and fetal growth restriction. The management of preeclampsia depends on the severity of the disease, gestational age, and fetal well-being. The only cure for preeclampsia is delivery of the fetus and placenta. The timing and mode of delivery should be individualized based on the severity of the disease, gestational age, and fetal well-being.

Antihypertensive drugs are indicated in severe preeclampsia (systolic blood pressure ≥ 160 mmHg or diastolic blood pressure ≥ 110 mmHg) and in cases of end-organ damage. The choice of antihypertensive drug should be based on the individual patient's characteristics and comorbidities. Labetalol, hydralazine, and nifedipine are the most commonly used antihypertensive drugs for the management of severe preeclampsia. The use of ACE inhibitors and ARBs should be avoided during pregnancy because they can cause fetal renal failure and/or oligohydramnios.

Magnesium sulfate is recommended for the prevention and treatment of eclampsia, which is the occurrence of seizures in a woman with preeclampsia. Magnesium sulfate works by reducing the risk of seizures in pregnant women with preeclampsia and eclampsia. It also helps to relax the smooth muscles of the uterus, which can help to prevent premature labor. The use of magnesium sulfate is generally considered safe when used as directed and under medical supervision.

Hypertension, or high blood pressure, is a common medical complication during pregnancy that can have serious consequences for both the mother and the baby. The treatment of hypertension in pregnancy depends on the severity of the condition, the gestational age of the fetus, and the presence of other medical conditions. Mild to moderate hypertension during pregnancy can often be managed with lifestyle modifications, such as diet and exercise, and close monitoring. However, more severe cases may require medication, such as antihypertensive drugs, to lower blood pressure and prevent complications such as preeclampsia, eclampsia, or premature birth. It is important for pregnant women with hypertension to receive regular prenatal care and work closely with their healthcare provider to manage their condition. With proper treatment and monitoring, the majority of women with hypertension during pregnancy can have successful outcomes for both themselves and their babies.