Treating High Blood Pressure During Pregnancy Is Smart and Safe

Drug therapy for pregnancy hypertension helps prevent health complications for both women and their children.

December 27, 2021 By Jeanette L. Pinnace

Many pregnant women experience high blood pressure that may lead to short- and long-term risks for cardiovascular disease and death. But findings published in the journal Hypertension reveal that treatment for the condition may decrease a woman's chances of developing severe high blood pressure and is safe for the woman and the fetus, reports an American Heart Association press release.

Hypertension during pregnancy can harm both mother and fetus. Severe hypertension in moms-to-be can heighten the risk for cardiovascular issues for women after delivery and years later; the risks for children include preterm delivery, small stature and low birth weight. But experts disagree about when to begin treatment for hypertension during pregnancy because of worries about how drug therapy may affect the fetus.

For the inquiry, experts in obstetrics and gynecology, maternal-fetal medicine, cardiology, nephrology, hypertension and internal medicine reviewed authoritative research on high blood pressure disorders during pregnancy, including studies on gestational hypertension. This form of high blood pressure can occur during pregnancy and can lead to preeclampsia, an increase of protein in a pregnant woman's urine, and eclampsia, a severe form of the condition that causes seizures.

Experts' review of the evidence indicated that drug treatment that lowers elevated blood pressure during pregnancy significantly reduces the likelihood that a woman will develop a severe case of hypertension. What's more, medication did not seem to negatively impact the growth or development of the fetus.

According to the American Heart Association, hypertension during pregnancy is the second leading cause of maternal death worldwide. Globally, the condition is diagnosed when a pregnant woman's blood pressure reading is 140/90 mm Hg or higher.

In the United States, the problem strikes women in diverse racial and ethnic groups, but those who are Black or of American Indian or Alaskan Native descent are disproportionately affected.

American health advocacy groups recommend beginning treatment for pregnancy hypertension when blood pressure reaches 160/110 mm Hg. However, Canadian guidelines follow the global definition for the condition.

“Given the rising number of cases of hypertension during pregnancy, together with hypertension-related complications, the problem has become a public health crisis, particularly among women from racially and ethnically diverse backgrounds,” said Vesna D. Garovic, MD, PhD, chair of the division of nephrology and hypertension at the Mayo Clinic in Rochester, Minnesota.

According to experts, the existing evidence suggests that the treatment of high blood pressure during pregnancy is safe and effective and may be beneficial at lower thresholds than previously thought.

“Future clinical trials are needed to address questions about when to begin treatment for high blood pressure during pregnancy,” Garovic advised. “Also, close collaboration between the American Heart Association and American College of Obstetricians and Gynecologists will be instrumental in optimizing diagnosis and treatment of hypertension during pregnancy and in improving immediate and long-term outcomes for many women who develop hypertension during pregnancy.”

To learn more about hypertension, read “5 Surprising Facts About High Blood Pressure.”

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