# Getting to the Heart of the Matter: Hypertension and Pregnancy among the Black Community

***My baby sister was 35 years old and pregnant with her first child. As a family, we were ecstatic. The family was expanding, and I was about to be an aunt for the third time. She was in her 3rd trimester and very pregnant, but she was up there in the choir singing and dancing her heart out at a memorial concert. I, along with many others, was shocked at how energetic and agile she was that far into pregnancy. However, when the concert was over, I looked at her feet and they were very, very swollen. I was concerned and told her to speak with her doctor immediately. Three days later, she got a call from her doctor to check in to the hospital, 6 days before her actual due date. Unbeknownst to me, she had dropped off a urine sample the day before the concert. Test results revealed that she had preeclampsia (a type of high blood pressure that is specific to pregnancy) and they needed to deliver the baby. Left untreated, preeclampsia can be very dangerous for mom and baby. My sister scrambled to get everything together and rushed to the hospital, and baby Jordan, my nephew, was born. My sister is a strong, educated, physically fit African American woman, and thank God her story ended well. However, that is not always the case. It could have gone a very different way.***

**Hypertensive disorders of pregnancy (HDP)** are a group of medical conditions that involve high blood pressure during pregnancy. High blood pressure, also known as hypertension, is a condition where the force of the blood against the walls of the arteries is too high. This can damage the arteries and increase the risk of heart attack, stroke, and other serious health problems. Hypertensive disorders of pregnancy are a leading cause of maternal death and can put both mother and baby at risk for serious complications during pregnancy.

There are four main types of hypertensive disorders of pregnancy:

- **Chronic hypertension**: High blood pressure that occurs before pregnancy or before 20 weeks of gestation, or that persists longer than 12 weeks after delivery.
- **Gestational hypertension**: High blood pressure that develops after 20 weeks of gestation, without signs of organ damage or protein in the urine.
- **Preeclampsia**: High blood pressure that develops after 20 weeks of gestation, with signs of organ damage or protein in the urine.
- **Preeclampsia superimposed on chronic hypertension**: Chronic hypertension that worsens or causes organ damage or protein in the urine during pregnancy. This means that you have two problems with your blood pressure.

Chronic hypertension affects approximately 85,000 births (2.3%) in the United States each year. Unfortunately, the number of pregnant women diagnosed with HDP is increasing and more maternal deaths are occurring due to complications from these conditions in pregnancy. On top of that, the rates between white people and other racial groups are widening, especially among black pregnant women during pregnancy. According to a Centers for Disease Control and Prevention (CDC) report, HDP affected at least 1 in 7 delivery hospitalizations in the United States from 2017 to 2019, and about a third of those who died during hospital delivery had some form of HDP. Some of the other key findings of the report were that:

- HDP affected more than 1 in 5 delivery hospitalizations of Black women and about 1 in 6 delivery hospitalizations of American Indian and Alaska Native women, compared to 1 in 8 delivery hospitalizations of White women.
- Black women had higher odds of entering pregnancy with chronic hypertension and developing severe preeclampsia.
- Black women and American Indian and Alaska Native women had higher rates of maternal death due to HDP than White women.

The causes of hypertensive disorders of pregnancy are not fully understood, but some risk factors include obesity, diabetes, kidney disease, family history, multiple pregnancies, and advanced maternal age (over age 35) and the rates are higher among communities of color compared to white people. In general, more than 50% of black women have hypertension, compared to 39% of non-Hispanic white women and 38% of Hispanic women. The symptoms of hypertensive disorders of pregnancy may vary depending on the type and severity, but some common ones are headaches, swelling, blurred vision, stomach pain, and reduced amounts of urine than usual.

HDP can be dangerous for both you and your baby, but it can be prevented and treated with proper care and attention. To reduce the chance of HDP, pregnant women and those planning for pregnancy can take the following steps:

- Get early and regular prenatal care. They can check your blood pressure and screen for any signs of HDP[1].
- Take your blood pressure medication to lower your blood pressure and prevent complications. They may also advise you to take a low-dose daily aspirin after 12 weeks of pregnancy to reduce the risk of preeclampsia[2].
- Maintain a healthy weight and lifestyle. Try to lose weight before you conceive and gain weight gradually during pregnancy according to your doctor's guidelines. Exercise regularly, eat a balanced diet, avoid smoking, limit alcohol and salt intake, and manage stress[23].
- Monitor your blood pressure at home. Your doctor may suggest that you use a home blood pressure monitor to keep track of your blood pressure between visits.

MotherToBaby has helpful fact sheets on smoking, alcohol, stress and exercise, and low-dose aspirin. You can also contact us for information on medications that may be recommended by your healthcare provider for treatment. We are a free service that is available for everyone. The heart of the matter is that you do what is best for you and your baby and we are here to help you through all stages of pregnancy from the time you hear a heartbeat on a monitor and until the time your baby captures your heart.

Resources:

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