

Factsheet - Induction of labour for High Blood Pressure

Why Induction May Be Recommended

High blood pressure (hypertension) in pregnancy, including gestational hypertension and pre-eclampsia can increase the chance of complications for both mother and baby. Induction of labour may be recommended from 37 weeks onwards to reduce the chance of complications such as stroke, placental abruption, and stillbirth.



Your Choices





- ✓ Accept Induction or plan caesarean birth.
- ✓ Decline induction or caesarean and opt for close monitoring
- ✓ Discuss alternative options with your midwife or obstetrician

At a Glance

- Blood pressure complications affect up to 10% of pregnancies in the UK.
- Pre-eclampsia affects 2% -8% of pregnancies and can progress rapidly.
- Induction at 37 weeks is associated with improved maternal outcomes and reduced neonatal unit admissions.

Potential complications for mum and baby:

Complication	What is it?	Mother	Baby
Stroke 	Medical emergency when blood stops flowing to a part of your brain.	35% to 75% higher than someone without high blood pressure in pregnancy.	May lead to growth restriction, prematurity, compromise and stillbirth as well as other long term conditions
Placental abruption 	Serious complication when the placenta separates from the wall of the uterus before the birth.	Placental abruption is more likely in pregnancies with pre-eclampsia, about 58 in every 1,000 births. In comparison, it happens in about 5 to 10 in every 1,000 births in pregnancies without complications. High blood pressure that isn't well controlled can also raise the chance.	
Pre-eclampsia/ eclampsia	Serious complication of high blood pressure with possible organ damage and/or seizures.	Pre-eclampsia affects 20-80 (2–8%) pregnancies per 1,000. Eclampsia is rarer and affects 1 in 2,000 (0.05%) pregnancies.	

<p>HELLP syndrome</p> 	<p>Serious complication HELLP can lead to stroke, liver rupture, kidney failure, and severe bleeding. It can cause rapid deterioration in both mother and baby. HELLP can occur without high BP, though it's rare.</p>	<p>More likely to develop in pregnancies affected by pre-eclampsia. It occurs in about 8 to 24 (8-24%) out of every 100 cases of pre-eclampsia, compared to 5 to 9 (0.5-0.9%) out of every 1,000 pregnancies in the general population.</p>	
<p>Stillbirth</p> 	<p>The death of a baby prior to the birth after 24 weeks of pregnancy</p>	<p>Uncomplicated pregnancy – 3-4 per 1000 births White women with high Bp – 6 per 1000 births Black women with high Bp – 31 per 1000 births Asian women with high blood Bp – 16 per 1000 births Most deprived areas increases the chance of stillbirth further.</p>	
<p>Neonatal Intensive Care unit (NICU) admission</p> 	<p>Admission due to the impact maternal raised Bp may have on the baby – premature birth, growth restriction etc</p>		<p>Studies have shown that up to 47 in 100 babies (47%) born to mothers with severely high blood pressure ($\geq 160/110$ mmHg) require admission to a neonatal unit, compared to 23 in 100 (23%) with moderately raised blood pressure and 10-15 in 100 babies (10-15%) in uncomplicated pregnancies.</p>
<p>Low birth weight</p> 			<p>Approx 24 per 100 babies born to mums with severe hypertension will have a low birth weight compared to 6-7 per 100 (6-7%) uncomplicated pregnancies.</p>

What Happens if you decide not to be induced?

If your preference deviates from recommended care, you will be offered an appointment to discuss this further with your obstetrician who will discuss your options and any extra support and monitoring you will need.

Need Help or Have Questions?

Speak to your midwife or call Triage: 01772 524495

Here's a practical BRAIN Decision Tool. It is designed to help clarify thought processes and support informed choices

How to Use It:

Write down your thoughts under each heading.

Discuss them with your midwife or healthcare team.

Use this as a guide, not a rule - your choice matters.

Some examples have been added to the table to help you get started.

B - What are the potential benefits of induction for me and my baby?

Examples:

*Reduces risk of stroke, placental abruption, and stillbirth.
Planned timing for birth.*

R – What are the possible risks or downsides?

Examples:

*Longer labour process.
Increased chance of interventions (e.g., assisted birth).
Possible discomfort from induction methods.
Longer stay in hospital*

A – What other alternatives do I have?

I – What does my intuition tell me?

N – What happens if I do nothing right now?	

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