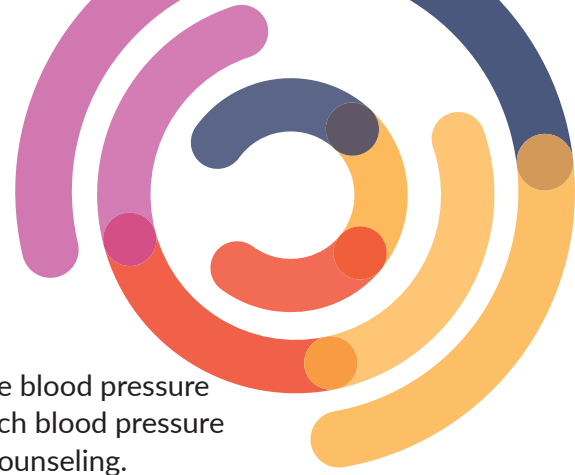


Integrating Blood Pressure Screening into Preconception Health Services



This tool explains why it is important for family planning providers to integrate blood pressure screening into preconception health services. It also describes how to approach blood pressure screening and offers key messages to use with clients during preconception counseling.

Why is it important for family planning providers to integrate blood pressure screening into preconception health services?

Preconception health visits are important opportunities to promote wellness and reduce the risk of adverse health outcomes, including high blood pressure. High blood pressure includes both elevated blood pressure (BP 120–129/less than 80) and hypertension (BP greater than 130/80). When providing preconception health services, family planning clinicians can work with clients to address modifiable risk factors of high blood pressure and provide education and support to optimize the client's health and the health of any future pregnancies.

Hypertension is common and serious, particularly for pregnant and postpartum women.

- Hypertension is a leading cause of pregnancy-related death in the U.S.¹
- Chronic hypertension puts women at higher risk of life-threatening complications during pregnancy and in the year postpartum.²
- In the U.S., Black women are about three times as likely to die from pregnancy-related causes than White women, due to complex factors including access to care, quality of care, prevalence of chronic diseases, structural racism, and implicit bias.³

How should family planning providers integrate blood pressure screening into preconception health services?

Follow these steps:⁴

1. **Screen for high blood pressure.** Measure, interpret, and document blood pressure according to clinical protocols.⁵
2. **Address modifiable risk factors of high blood pressure.** Health care accounts for only an estimated 10–20% of the modifiable contributors to healthy outcomes. To help improve maternal outcomes, address clients' systemic barriers (e.g., insufficient access to care and social services), community barriers (e.g., a lack of transportation, food, or safe housing), and social barriers (e.g., a lack of social support).⁶
3. **Assess the use of teratogenic medications.** Angiotensin-converting enzyme inhibitors (ACEIs) and angiotensin receptor blockers (ARBs) are contraindicated in pregnancy.⁷ If a client is taking one of these medications and could get pregnant, consider switching to one that is safe to use in pregnancy.
4. **Screen for a history of adverse pregnancy outcomes.** Individuals who have previously experienced pregnancy complications, such as hypertensive disorders of pregnancy, are more likely to develop chronic hypertension and to experience complications in future pregnancies. If a client has a history of adverse pregnancy outcomes, assess their level of support, and consider a referral to a specialist.⁸

Recommendations for Healthy Living

During preconception counseling, use these key messages with clients to encourage healthy living habits. These recommendations can help clients prevent and manage high blood pressure, which will help prepare them for a healthy pregnancy.⁹



Healthy diet

- Fruits, vegetables, and daily multivitamins are good sources of antioxidants and vitamins that may assist in reproductive health.
- It's recommended that all women of reproductive age (15–44 years old) take a folic acid supplement.



Healthy weight

- Obesity is associated with infertility and pregnancy complications such as miscarriage, birth defects, preterm delivery, gestational diabetes, gestational hypertension, cesarean delivery, and blood clots.
- Let's talk about how to optimize your weight before you try to become pregnant.



Physical activity

- Regular physical activity (at least 30 minutes five times a week) improves heart health and reduces obesity and the risk of pregnancy complications.
- Let's talk about how to help you be physically active before, during, and after pregnancy.



Quitting smoking

- Smoking during pregnancy is associated with serious complications such as intrauterine growth restriction, placenta previa, abruptio placentae, decreased maternal thyroid function, premature rupture of membranes, low birth weight, perinatal mortality, and ectopic pregnancy.
- Let's talk about how to help you quit smoking before you try to become pregnant.



Limiting alcohol

- Alcohol-related birth defects include growth deformities, facial abnormalities, central nervous system impairment, behavioral disorders, and impaired intellectual development.
- No amount of alcohol is known to be safe in pregnancy.



High-quality sleep

- Sleep disturbance has been linked to chronic hypertension and preeclampsia.
- Six to eight hours of sleep is recommended for all adults, including pregnant women.

^{1,2,4,7,8,9} American College of Obstetrics and Gynecology. (2019, January). ACOG Committee Opinion No. 762: Prepregnancy Counseling. *Obstetrics & Gynecology*; 133(1), e78-e89.

³ Office on Women's Health. (2018, November). *Heart disease risk factors you can control: Health conditions*.

⁵ American Heart Association. (2018). Highlights from the 2017 *Guideline for the Prevention, Detection, Evaluation and Management of High Blood Pressure in Adults*.

⁶ Petersen, E.E., et al. (2019). Racial/Ethnic Disparities in Pregnancy-Related Deaths — United States, 2007–2016. *Morbidity and Mortality Weekly Report*, 68(35), 762–765.