

**LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women****LONG TERM HEALTH AFTER BLOOD PRESSURE PROBLEMS IN PREGNANCY**

**You are invited to take part in a survey to gain insight into what women like yourself who have been pregnant before know about women's heart health. We are interested in the views of all women especially women who had high blood pressure (hypertension) or preeclampsia in pregnancy.**

**You can complete the survey if you are currently pregnant (with no major issues so far this pregnancy) or have been pregnant in the last three (3) years. You may have experienced high blood pressure in pregnancy OR you may have experienced a pregnancy without any serious complications.**

**The study is being conducted by the University of NSW, University of Technology Sydney and the Sydney Partnership for Health, Education, Research and Enterprise (SPHERE). The study is being undertaken by:**

- **Dr. Amanda Henry - Obstetrician at St George and Royal Hospital for Women, Randwick, Senior Lecturer UNSW and SPHERE member**
- **Distinguished Professor Caroline Homer - UTS, Midwifery Faculty of Health and SPHERE member**
- **Dr. Clare Arnott - Cardiologist, Royal Prince Alfred Hospital**
- **Mrs. Heike Roth - PhD Candidate at University of Technology, Sydney**
- **Mrs. Lynne Roberts - Research Midwife at St George Hospital, SESLHD.**

**This work is occurring as part of Mrs Heike Roth's PhD studies and the NHMRC Fellowship of Dr. Henry. Apart from salary support for Dr. Henry, the study is otherwise unfunded.**

**If you agree to take part in this survey, it should only take about 15 minutes to complete and will involve answering questions about you, your pregnancy and your understanding of long term health in women who have been diagnosed with blood pressure problems in pregnancy.**

**Participation in this study is entirely voluntary and if you do not wish to take part it will have no effect on the care you are currently receiving. If you decide to participate, and throughout the survey think you would like to withdraw/not complete the survey, you can simply stop and not submit your answers. If you have already submitted your survey, it will not be possible to withdraw the data you have provided as the surveys are anonymous.**

**The information you provide will not be identifiable and will be kept securely until destroyed as per the South East Sydney Local Health District's requirements.**

**The study results will be published in a research thesis, in peer reviewed journals and presented at conferences and other professional forums. No one will be able to identify you from this information.**

**If you would like to personally receive results, you will have the option to leave your email details. The results will be available one (1) year after conclusion of the survey and your email will not be used for any other purpose.**

**If you would like any further information about the study or you experience any distress or concern as a result of completing this survey, please contact the Principal Investigator, Dr Amanda Henry on 02 91132315 or via email [Amanda.henry1@health.nsw.gov.au](mailto:Amanda.henry1@health.nsw.gov.au). For medical assistance you can consult your General Practitioner. If you would like further information about the topic addressed in this study, you can visit the Australian Heart Foundation on the following link:  
<https://www.heartfoundation.org.au/your-heart/women-and-heart-disease/womens-stories>.**

**If you have any concerns or complaints about the conduct of this study, you should contact the Research Support Office of the South Eastern Sydney Local Health District Human Research Ethics Committee which is nominated to receive complaints from research participants. You should contact them on 02 9382 3587, or email [SESLHD-RSO@health.nsw.gov.au](mailto:SESLHD-RSO@health.nsw.gov.au) and quote HREC 18/156.**

\* 1. I acknowledge that participation in the survey is voluntary

Yes

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

## ABOUT YOU

**These first few questions are to find out about you, your background, and occupation. Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.**

\* 2. What age group are you in?

- 18-25  46-55  
 26-35  56+  
 36-45  Prefer not to answer

\* 3. What ethnic group do you identify with? (Please select one answer)

- Caucasian  Aboriginal or Torres Strait Islander  
 Asian  European  
 Polynesian or Maori  Prefer not to answer  
 Other (please specify)

\* 4. What is your highest level of formal education?

- Secondary school  University degree  
 Trade Certificate/Diploma  Prefer not to answer  
 Other (please specify)

5. What is your usual occupation/profession?

\* 6. Are you currently in a relationship?

- Yes  Prefer not to answer  
 No

\* 7. Where did you hear about this survey?

- |   |  |
|---|--|
| <input type="radio"/> P4 Newsletter                             | <input type="radio"/> Maternity Consumer Network       |
| <input type="radio"/> Australian Action on Preeclampsia (AAPEC) | <input type="radio"/> Maternity Clinics                |
| <input type="radio"/> Tresillian                                | <input type="radio"/> Social media (Facebook, Twitter) |
| <input type="radio"/> Maternity Choices Australia               | <input type="radio"/> Australian College of Midwives   |
| <input type="radio"/> Other (please specify)                    |  |

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

## ABOUT YOUR HEALTH

**These next questions are about your general health.**

**Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.**

\* 8. Are you currently pregnant?

Yes

Prefer not to answer

No

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

## ABOUT YOUR HEALTH

Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.

9. How many weeks pregnant are you? (provide whole numbers only, for example: 24)

10. How many children have you given birth to (20 weeks gestation and over)?

\* 11. Have you ever had any of the following, whilst pregnant or before or after pregnancy? (select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> High blood pressure    | <input type="checkbox"/> Stroke   |
| <input type="checkbox"/> High BMI (overweight)  | <input type="checkbox"/> Significant illness  |
| <input type="checkbox"/> Angina                 | <input type="checkbox"/> Heart attack   |
| <input type="checkbox"/> Diabetes               | <input type="checkbox"/> None of the above/ no significant other medical complication |
| <input type="checkbox"/> Kidney problems        |   |
| <input type="checkbox"/> Other (please specify) |   |

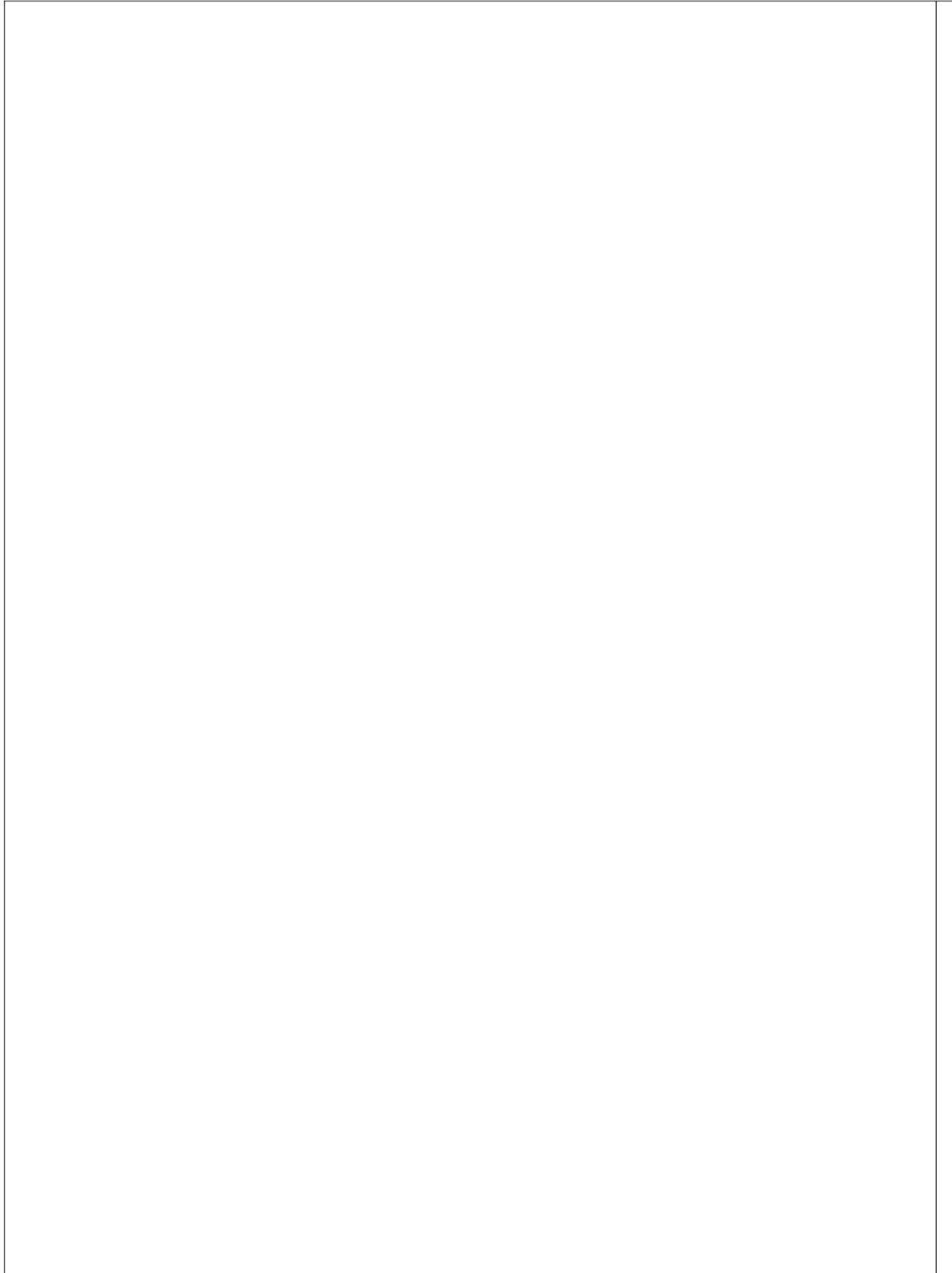
\* 12. From the list below, which currently apply to you? (select all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Smoking                         | <input type="checkbox"/> High cholesterol    |
| <input type="checkbox"/> Obesity                         | <input type="checkbox"/> High blood pressure |
| <input type="checkbox"/> Alcohol consumption             | <input type="checkbox"/> Diabetes            |
| <input type="checkbox"/> Family history of heart disease | <input type="checkbox"/> None of the above   |

Other (please specify)

13. Please provide the details of any prescribed medications you are taking

- I do not take any prescribed medication
- I take prescribed medication (please list the medications or leave blank if you prefer not to answer)



## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

### PREGNANCY

**This section is about your pregnancy history.**

**Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.**

#### DEFINITIONS OF BLOOD PRESSURE PROBLEMS

Here are some definitions of certain types of blood pressure problems in pregnancy. You may find these useful in order to more easily understand and answer the next questions.

**Chronic hypertension:** is if you had high blood pressure before falling pregnant, have high blood pressure outside of pregnancy, or were found to already have high blood pressure in the first half of your pregnancy. Chronic hypertension may have no known underlying cause (this is sometimes called "essential" hypertension), or it may be as a result of another underlying condition, such as kidney disease.

**Gestational hypertension:** is when you might have had high blood pressure for the first time in your pregnancy (after 20 weeks of pregnancy) but were otherwise well (that is, high blood pressure only but no effect on your baby's growth or on your health otherwise).

**Preeclampsia:** is when you have had high blood pressure in pregnancy (after 20 weeks of pregnancy) and some additional signs or issues in you and/or your baby. For example, you might have had protein in your urine, liver or kidney problems that showed up on blood tests, or there may have been concerns about the growth of your baby while you were pregnant.



**LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women****PREGNANCY**

**Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.**

**We understand that you may find some of the questions difficult to answer as they might remind you of a challenging time in your life. We are grateful for your participation and contribution to improving knowledge on future health for women who had blood pressure problems in pregnancy. You will find some explanations at the end of the survey and a contact, in case you would like to seek further clarification and/or assistance.**

\* 14. Choose the situation which best describes your pregnancy history

- |  |  |
|--|--|
| <input type="radio"/> At least one pregnancy is/was affected by gestational hypertension | <input type="radio"/> I had chronic hypertension before pregnancy and had/have pregnancies that were complicated further by higher than usual blood pressure |
| <input type="radio"/> At least one pregnancy is/was affected by preeclampsia             | <input type="radio"/> I had chronic hypertension before pregnancy and had/have pregnancies that were complicated further by preeclampsia                     |
| <input type="radio"/> I have only been diagnosed with chronic hypertension               | <input type="radio"/> No pregnancy is/was affected   |

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

## YOUR HEALTH DURING YOUR PREGNANCY

Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.

\* 15. As someone who has chronic hypertension are you aware of any long term health issues that you are at risk of? (select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Diabetes   | <input type="checkbox"/> Leukaemia  |
| <input type="checkbox"/> Kidney disease   | <input type="checkbox"/> Seizures   |
| <input type="checkbox"/> Breast cancer  | <input type="checkbox"/> Overall mortality risk is higher   |
| <input type="checkbox"/> Cardiac death  | <input type="checkbox"/> Ischaemic heart disease/heart attack   |
| <input type="checkbox"/> High blood pressure complications in another pregnancy | <input type="checkbox"/> I think there are health risks but unsure which conditions I may be at risk of |
| <input type="checkbox"/> Stroke   | <input type="checkbox"/> I do not think that there are increased risks                                  |
| <input type="checkbox"/> Peripheral vascular disease                            |   |
| <input type="checkbox"/> Other (please specify)                                 |   |

**LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women**

\* 16. How many years after blood pressure problems in pregnancy do you think the various signs and symptoms of the potential risks may start to appear?

- < 10 years after pregnancy
- 10-15 years after pregnancy
- 16-20 years after pregnancy
- Other (please specify)
- > 20 years after pregnancy
- Not sure/do not know

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

## Chronic Hypertension only -TYPE OF CARE RECEIVED DURING PREGNANCY

Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.

17. If a healthcare provider did speak to you about your future health risks, when did this occur?

- |  |   |
|--|---|
| <input type="checkbox"/> Before birth            | <input type="checkbox"/> 6 months to 1 year |
| <input type="checkbox"/> Immediately after birth | <input type="checkbox"/> 1 year and over    |
| <input type="checkbox"/> Within first 6 weeks    | <input type="checkbox"/> I cannot remember  |
| <input type="checkbox"/> 6 weeks to 6 months     |   |

\* 18. When would be a good time to receive information about long term health risks in your gestational hypertension or preeclampsia experience?

During pregnancy/at birth      12 months after birth      24 months after birth

\* 19. As a result of your pregnancy affected by blood pressure problems, were you referred to any of the below after your baby was born? (tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiologist             | <input type="checkbox"/> Fitness centre for exercise         |
| <input type="checkbox"/> Renal (kidney) Physician | <input type="checkbox"/> Nutritionist for dietary adjustment |
| <input type="checkbox"/> General Practitioner     | <input type="checkbox"/> I cannot remember                   |
| <input type="checkbox"/> Other (please specify)   |  |

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

20. During your pregnancies over the last 3 years (20 weeks pregnancy and over), which blood pressure problem were you diagnosed with?

	Gestational Hypertension	Preeclampsia	No blood pressure problem diagnosed this pregnancy	I cannot remember	Not applicable
First Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments?

\* 21. How long ago was your most recent pregnancy that was affected by a blood pressure problem?

- 0-6 months
  2-3 years  
 6-12 months
  more than 3 years ago  
 1-2 years

\* 22. At what point in time were you diagnosed? (Choose a most accurate time frame)

	20-28 weeks	28-34 weeks	34-37 weeks	37-40 weeks	40-42 weeks	During or after giving birth	No diagnosis of blood pressure problem this pregnancy	I cannot remember	Not applicable
First Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any comments?

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

### PREGNANCY

Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.

\* 23. Did you have a *planned* induction of labour or *planned* caesarean section due to your blood pressure problems?

	Yes, planned induction of labour because of blood pressure issues in pregnancy	Yes, planned caesarean section because of blood pressure issues	Yes, planned caesarean for other reasons than blood pressure	No planned induction and no planned caesarean section	I cannot remember	Not applicable
First Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Second Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Third Pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Any Comments?

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

### LONG TERM HEALTH RISKS

**This section is about some long term health risks that some women may experience after having had blood pressure problems in pregnancy.**

For this section we would like you to think about the long-term health risks of a woman who has been diagnosed with high blood pressure in pregnancy.

**Not everyone who experienced blood pressure problems in pregnancy will necessarily have health issues in the future. We would not want you to unnecessarily worry about any of these risks, therefore we will provide you with further information about long-term health after high blood pressure in pregnancy at the end of the survey.**

\* 24. FOR WOMEN **WITH** HISTORY OF BLOOD PRESSURE PROBLEMS IN PREGNANCY:

Compare yourself to a woman who has NOT had blood pressure problems in pregnancy.

Do you think you have a lower/same/higher chance of getting the following:

	Less chance than a woman without blood pressure in pregnancy	Same chance as a woman without blood pressure in pregnancy	Higher chance than a woman without blood pressure in pregnancy	Not sure/I do not know
High blood pressure later in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure in another pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**If you are concerned by any of the above potentially affecting you, information is available at the end of the survey where risks are explained.**

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

For this section we would like you to think about the long term health risks of a woman who has been diagnosed with high blood pressure in pregnancy.

\* 25. FOR WOMEN WITHOUT HISTORY OF BLOOD PRESSURE PROBLEMS IN PREGNANCY:

Compare yourself to a woman who HAS had blood pressure problems in pregnancy.

Do you think you have a lower/same/higher chance of getting the following:

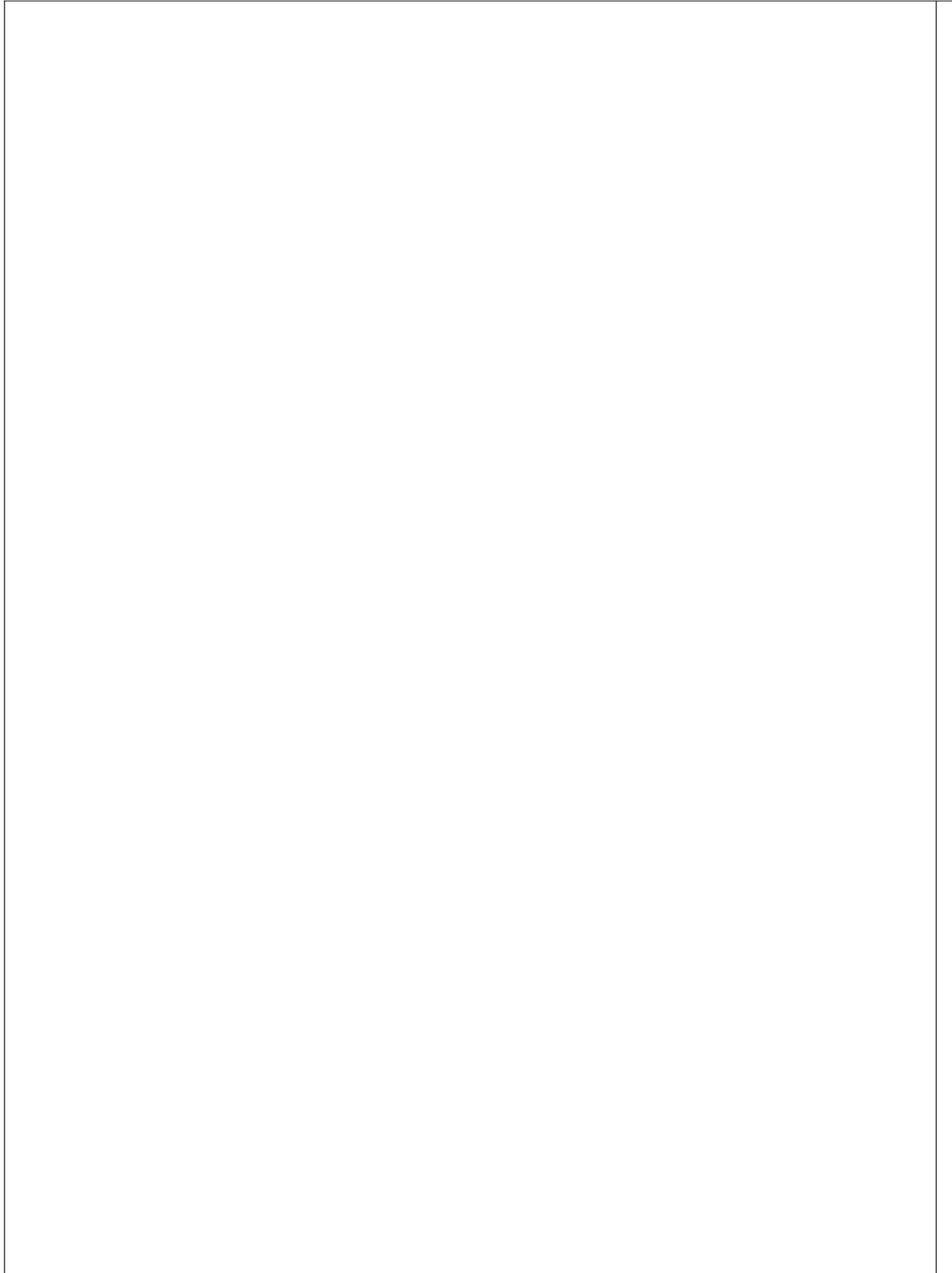
	Less chance than a woman with blood pressure in pregnancy	Same chance as a woman with blood pressure in pregnancy	Higher chance than a woman with blood pressure in pregnancy	Not sure/I do not know
High blood pressure later in life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kidney disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breast cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart attack	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
High blood pressure in another pregnancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heart disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vascular Disease	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

\* 26. How many years after blood pressure problems in pregnancy do you think the various signs and symptoms of the potential risks may start to appear?

- < 10 years after pregnancy
  > 20 years after pregnancy  
 10-15 years after pregnancy
  Not sure/do not know  
 16-20 years after pregnancy  
 Other (please specify)

If you are concerned by any of the above potentially affecting you, information is available at the end of the survey where risks are explained.





**LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women**

\* 27. How many years after blood pressure problems in pregnancy do you think the various signs and symptoms of the potential risks may start to appear?

- < 10 years after pregnancy
- 10-15 years after pregnancy
- 16-20 years after pregnancy
- Other (please specify)
- > 20 years after pregnancy
- Not sure/do not know
- I don't think I will get any of these as I maintain a healthy lifestyle

**IN CASE OF DISTRESS**

If you experience any distress caused due to the completion of this survey, please contact your GP or the Principal Investigator of this study, Dr Amanda Henry on 02 91132315 or [Amanda.henry1@health.nsw.gov.au](mailto:Amanda.henry1@health.nsw.gov.au)

For more information on this topic please visit The Australian Heart Foundation on the following link:  
<https://www.heartfoundation.org.au/your-heart/women-and-heart-disease/womens-stories>

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

## TYPE OF CARE RECEIVED DURING PREGNANCY WHERE A BLOOD PRESSURE PROBLEM WAS DIAGNOSED

Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.

It is quite likely that some of the following questions may bring back some memories or bring rise to emotions that you find difficult to deal with. Please contact the Principal Investigator, Dr Amanda Henry on 02 91132315 or via email [Amanda.henry1@health.nsw.gov.au](mailto:Amanda.henry1@health.nsw.gov.au) if you would like to discuss these concerns. For medical assistance you can consult your General Practitioner.

\* 28. Have you ever been admitted to a 'High Dependency Unit' or 'Intensive Care Unit' as a result of your blood pressure problem in pregnancy?

- Yes
- No
- I am not sure
- I cannot remember

\* 29. Have any of your babies been admitted to 'Neonatal Intensive Care', 'High Dependency Unit' or 'Special Care Nursery' as a result of your blood pressure problem in pregnancy?

- Yes
- No
- I am not sure

30. After your baby was born have you had any of the following? (select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Blood pressure measurement in hospital | <input type="checkbox"/> Consultation with a renal (kidney) specialist  |
| <input type="checkbox"/> Blood pressure measurement with my GP  | <input type="checkbox"/> Consultation with an obstetric medicine specialist (doctor who specialises in complications of pregnancy like high blood pressure) |
| <input type="checkbox"/> Consultation with an obstetrician      | <input type="checkbox"/> I cannot remember  |
| <input type="checkbox"/> Other (please specify)                 |   |

\* 31. After your baby was born, did someone speak to you about any of the below future health risks? (select all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Increased risk of high blood pressure | <input type="checkbox"/> Risk of hypertensive disease in your next pregnancy                  |
| <input type="checkbox"/> Increased risk of kidney problems     | <input type="checkbox"/> I was told to eat a healthy diet, do some exercise and live normally |
| <input type="checkbox"/> Increased risk of stroke              | <input type="checkbox"/> No risks were discussed  |
| <input type="checkbox"/> Increased risk of heart attack        | <input type="checkbox"/> I cannot remember  |
| <input type="checkbox"/> Increased risk of vascular disease    |   |
| <input type="checkbox"/> Other (please specify)                |   |

## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

## TYPE OF CARE RECEIVED DURING PREGNANCY WHEN A BLOOD PRESSURE PROBLEM WAS DIAGNOSED

Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.

32. If a healthcare provider did speak to you about your future health risks, when did this occur?

- |  |   |
|--|---|
| <input type="checkbox"/> Before birth            | <input type="checkbox"/> 6 months to 1 year |
| <input type="checkbox"/> Immediately after birth | <input type="checkbox"/> 1 year and over    |
| <input type="checkbox"/> Within first 6 weeks    | <input type="checkbox"/> I cannot remember  |
| <input type="checkbox"/> 6 weeks to 6 months     |   |

\* 33. When would be a good time to receive information about long term health risks in your gestational hypertension or preeclampsia experience?

During pregnancy/at birth      12 months after birth      24 months after birth

\* 34. As a result of your pregnancy affected by blood pressure problems, were you referred to any of the below after your baby was born? (tick all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Cardiologist             | <input type="checkbox"/> Fitness centre for exercise         |
| <input type="checkbox"/> Renal (kidney) Physician | <input type="checkbox"/> Nutritionist for dietary adjustment |
| <input type="checkbox"/> General Practitioner     | <input type="checkbox"/> I cannot remember                   |
| <input type="checkbox"/> Other (please specify)   |  |

**LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women****EDUCATION**

**In this section we would like to find out about your preferred ways of getting information about long term health after gestational hypertension and preeclampsia.**

**Questions marked with a green asterisk (\*) simply mean that they must be answered in order to continue.**

\* 35. After experiencing gestational hypertension or preeclampsia what do you want to know about your long term health? (select all that apply)

- Risk reduction for subsequent pregnancies
- Reducing risk behaviours (eg. diet, exercise, smoking cessation)
- Statistics (eg. increased risk)
- At what point does the risk increase
- Signs and Symptoms
- Where to find information
- How to discuss the matter with my healthcare provider
- Impact on my children from the pregnancy affected by blood pressure problems
- Other (please specify)

\* 36. How do you want to receive the information? (select all that apply).

- Key organisations addressing heart health (e.g. The Australian Heart Foundation or Her Heart)
- Social Media channels (e.g. Instagram, Facebook, Twitter)
- Brochures/Flyers
- Medical Professionals
- Podcasts/Media
- Online videos
- Other (please specify)

37. Is there anything else you would like to tell us?

**LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women****POST-SURVEY OPTIONS AND SUMMARY OF RISK PROFILE****Some further things we would like you to consider:**

38. We would like to have your opinion on what you think would be appropriate education material to improve women's knowledge. We would also like to know how the education could best be distributed to women. Would you like to participate in a **focus group** (one off - 2hrs max at St George Hospital, Sydney) or a **telephone interview** (one off 30 mins max)? By involving 'consumers', meaning women like you, the education package will have added value.

If you are interested in participate in either, you can leave your details here.

**Name**

**Email Address**

**Phone Number**

39. Please leave your email address **to receive results** from this study (in approx. 1 year). Your details will not be used for any other purpose.

**Email Address**

**IN CASE OF DISTRESS**

If you experience any distress caused due to the completion of this survey, please contact your GP or the Principal Investigator of this study, Dr Amanda Henry on 02 91132315 or [Amanda.henry1@health.nsw.gov.au](mailto:Amanda.henry1@health.nsw.gov.au)

For more information on this topic please visit The Australian Heart Foundation on the following link:  
<https://www.heartfoundation.org.au/your-heart/women-and-heart-disease/womens-stories>



## LONG TERM HEALTH RISKS AFTER HIGH BLOOD PRESSURE IN PREGNANCY - Survey for women

### RISK PROFILE - LONG TERM RISKS AFTER BLOOD PRESSURE PROBLEMS IN PREGNANCY EXPLAINED

**You may like to take a screenshot of the risk profile so you can refer back to it whenever you need to.**

#### RISK PROFILE

Although most women will experience good long-term health after having high blood pressure in pregnancy, there are, unfortunately, some long term health risks associated with having had high blood pressure in pregnancy.

Women who have had high blood pressure during pregnancy are about 3 to 4 times more likely to develop chronic hypertension than women who did not have a blood pressure problems in pregnancy. They are also about twice as likely to get diabetes in later life, even if they did not have diabetes during pregnancy.

Blood pressure diseases are also more likely to happen in the next pregnancy to women who have already had a previous blood pressure problems in pregnancy compared to women who have not. Therefore, if they have had a pregnancy with blood pressure problems, it is important to be seen early in their next pregnancy. There are treatments that can decrease the chance of recurring problems.

Women are also more likely to get various forms of cardiovascular disease (heart disease, stroke, vascular disease) if they have had gestational hypertension, preeclampsia and/or chronic hypertension. All of these cardiovascular problems are about twice as likely to eventually happen to a woman who has had blood pressure problems in pregnancy compared to a woman who has not. This still means most women will not have heart disease or diabetes after having high blood pressure in pregnancy, especially if they can avoid risk factors like smoking or excessive weight gain, and maintain a healthy diet and exercise.

Kidney problems are about 5 to 10 times more common after preeclampsia in particular. Although the relative risk of developing kidney problems is substantially higher after preeclampsia, the absolute risk of long-term kidney disease is still low. Unless the woman already had a kidney problem, well over 90% of women after preeclampsia and gestational hypertension will not have a kidney problem.

Fortunately, although seizures may occur as a result of preeclampsia during pregnancy, women have no higher long term risk of seizures compared to women who did not have a complicated pregnancy. There is no increased risk of getting cancer (e.g. breast cancer, leukaemia) after having high blood pressure in pregnancy.

For all the long term health risks, these start to go up within 10 years after an affected pregnancy and are ongoing after that. Therefore, it is recommended that women attend regular blood pressure checks with their GP and discuss any changes they can make to improve their general health. For more general information about heart health and managing health risks, please visit the National Heart Foundation website: <https://www.heartfoundation.org.au/your-heart/know-your-risks>

THANK YOU FOR YOUR PARTICIPATION