

Adherence to anti-hypertensive medication in pregnancy: an observational study

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Abstract

Objective To assess adherence to anti-hypertensive medication by pregnant women and to understand the factors associated with adherence or lack thereof. **Design** Observational study. **Setting** Antenatal clinics. **Population** 100 pregnant women with either chronic hypertension or gestational hypertension who were being treated using at least one anti-hypertensive medication. **Methods** Participants were prospectively recruited through two Australian maternity hospitals over a 10-month period. A 23-item questionnaire, which incorporated a validated adherence scale, was administered to all participants. Data from clinic records were extracted as needed. **Main Outcome Measures** Self-reported adherence, BP control and reasons for nonadherence. **Results** Participants (mean age 33 [\pm 4.9] years; mean gestation 29 (\pm 7) weeks) had a median blood pressure (BP) of 130/80mmHg (IQR: 16/15). Sixty-five women had chronic hypertension, of whom 13 were diagnosed during the pregnancy, before 20 weeks gestation. Thirty-five women had gestational hypertension. Ninety-two per cent of participants had sub-optimal adherence. There were no significant differences in adherence scores between participants with chronic hypertension and their counterparts. The main reasons for sub-optimal adherence were: intentionally putting up with medical problems before taking any action, confusion about the medication, and making changes to the recommended medication regimen to suit lifestyle. **Conclusions** Nine out of 10 pregnant women using anti-hypertensives self-reported some degree of suboptimal adherence, intentionally and/or unintentionally. Health professionals, including pharmacists, general practitioners and obstetricians, have a role in promoting optimal adherence. **Funding** No funding received. **Keywords** Adherence, anti-hypertensives, pregnancy, gestational hypertension, chronic hypertension.

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