If You Have Preeclampsia

How does it affect my baby?

Preeclampsia can cause intrauterine growth restriction (IUGR) where the baby does not receive enough oxygen and nutrients to grow normally, or it can cause abruption, where the placenta separates from the wall of the uterus before the baby is born. It is a leading cause of prematurity, as some babies will need to be delivered early (before 37 weeks). Risks to a premature baby include incomplete lung development and many other potential health problems.

How is preeclampsia treated?

The only cure for preeclampsia begins with delivery of the baby. Many factors guide a health care provider's decision about how to manage preeclampsia and when to deliver, including the gestational age and health of the baby, overall health and age of the mother, and a careful assessment of how the disease is progressing. This includes monitoring blood pressure and assessing the results of laboratory tests that indicate the condition of the mother's kidneys, liver, or the ability of her blood to clot. Other tests monitor how well the unborn baby is growing and/or if he or she seems in danger. Treatments may include magnesium sulfate to prevent seizures and other medications to lower blood pressure. Sometimes a watch-and-wait approach may be used with or without medications, but if the mother or baby's health is in serious danger, delivery may be the only option. Steroid shots may be given to aid a preterm baby's lung development before delivery. Often, women with preeclampsia will stay in the hospital because the symptoms may suddenly worsen and close monitoring is necessary.

Do these medications pose a threat to me or my baby?

Blood pressure medications rarely cause any side effects in the mother and, if prescribed, it probably means your blood pressure is high enough to be a greater risk to you or your baby than the medications. Magnesium sulfate is generally safe for the baby, but may cause hot flashes, sweating, increased thirst, vision changes, sleepiness, mild confusion, muscle weakness and shortness of breath in the mother. These side effects should all disappear when the medication is stopped.

Can I stay at home on bedrest?

Sometimes, women with mild preeclampsia will be put on home bed rest. In this case, you will probably need to have frequent visits with your health care provider, and blood and urine testing to be sure the condition is not getting worse. The well-being of your baby will be checked frequently with heart monitoring and ultrasounds. If you are prescribed home bed rest, always be alert for any symptoms because preeclampsia can change rapidly.

Will I get it again?

Various experts suggest your chances of getting it again range from 5 to 80%, depending on when you had preeclampsia in a prior pregnancy, how severe it was, and your general health at conception. Women with a history of preeclampsia should have a consultation with a high-risk pregnancy specialist prior to conception.

About the Preeclampsia Foundation

The Preeclampsia Foundation is a 501(c)(3) non-profit organization whose mission is to provide patient support and education, raise public awareness, catalyze research and improve health care practices. We envision a world where preeclampsia no longer threatens the lives of mothers and babies.

For more information, or to support our work, check out our website at www.preeclampsia.org.

PREECLAMPSIA *foundation*

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Know the warning signs, trust yourself, attend prenatal visits and have a strong partnership with your health care provider

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Preeclampsia

Know the symptoms. Trust yourself.

High Blood Pressure in Pregnancy

Preeclampsia (pre-e-CLAMP-si-a) is one of the most common complications of pregnancy, impacting both the mother and the unborn baby. Affecting at least 5 to 8% of all pregnancies, it is diagnosed by high blood pressure and the presence of protein in the urine, which is why the mother's blood pressure and urine are checked at every prenatal appointment. Most cases are very mild, occuring near term with healthy outcomes. It can, however, be very dangerous for mother and baby, progressing quite rapidly in some instances. It should be diagnosed early and managed closely to keep you and your baby safe. Here are some of the most frequently asked questions, but a more complete list and longer answers can be found at www.preeclampsia.org.

So what is "toxemia"?

You may encounter other names like toxemia, PET (pre-eclampsia/toxemia), PIH (pregnancy induced hypertension), and EPH gestosis (**e**dema, **p**roteinuria, **h**ypertension), but these designations are all outdated terms and no longer used by medical experts.

How is preeclampsia related to eclampsia or HELLP syndrome?

Eclampsia and HELLP syndrome are other variations of preeclampsia. Seizures are the defining characteristic of eclampsia, which usually occur as a later complication of severe preeclampsia, but may also arise without any prior signs of severe disease. HELLP syndrome is one of the most severe forms of preeclampsia and occurs in about 15% of preeclamptic patients. It is sometimes mistaken for the flu or gall bladder problems. HELLP syndrome can lead to substantial injury to the mother's liver, a breakdown of her red blood cells and lowered platelet count.

What causes preeclampsia? Can it be prevented?

The cause of preeclampsia remains unknown and, therefore, there is no sure way to prevent it. Numerous proposed theories have led to various attempts at prevention strategies, none of which have proven to be overwhelmingly successful. Baby aspirin, calcium, and other interventions have been studied and may be helpful in certain populations, but the results to do not support widespread adoption in the US. There is, however, general agreement that the placenta plays a key role in preeclampsia, and that women with chronic hypertension and other risk factors are more susceptible. It is important to know the warning signs, trust yourself, attend prenatal visits and have a strong partnership with your health care providers. Report your symptoms to them, ask questions, be persistent, and follow through.

When can I get preeclampsia?

Preeclampsia can appear at any time during pregnancy, delivery and up to six weeks post-partum, though it most frequently occurs late in the 2nd or during the final trimester and resolves within 48 hours of delivery. Nonetheless, you should watch for symptoms even after delivery. Preeclampsia can develop gradually, or come on quite suddenly, even flaring up in a matter of hours, though the signs and symptoms may have gone undetected for weeks or months.

Preeclampsia is one of the most common complications of pregnancy, affecting both the mother and the unborn baby

What are the symptoms of preeclampsia?

Preeclampsia can be particularly dangerous because many women have no symptoms until they are very sick or may ignore symptoms that resemble the "normal" effects of pregnancy on your body. See list of signs and symptoms (below).

Who gets preeclampsia?

As many as one in every 12 pregnant women develop preeclampsia, including many who have no known risk factors. Some risk factors have been identified for increasing your chance of developing preeclampsia. Obesity, for example, is one risk factor that is perhaps modifiable. See list of risk factors (below).

Is preeclampsia dangerous to the mother?

Preeclampsia can cause your blood pressure to rise and put you at risk of brain injury. It can impair kidney and liver function, cause blood clotting problems, fluid to collect in the lungs, seizures and, in severe forms or left untreated, death. Maternal death from preeclampsia is rare, but does happen even in high-income countries; however, it is a significant cause of illness and death globally for mothers and infants.

Signs & Symptoms

- High blood pressure. 140/90 or higher. A rise in the systolic (higher number) of 30 or more, or the diastolic (lower number) of 15 or more over your baseline might be cause for concern.
- Protein in your urine. 300 milligrams in a 24 hour collection or 1+ on the dipstick.
- Swelling in the hands, feet or face, especially around the eyes, if an indentation is left when applying thumb pressure, or if it has occurred rather suddenly.
- Headaches that just won't go away, even after taking medications for them.
- Changes in vision, double vision, blurriness, flashing lights or auras.
- Nausea late in pregnancy is not normal and could be cause for concern.
- Upper abdominal pain (epigastric) or chest pain, sometimes mistaken for indigestion, gall bladder pain or the flu.
- Sudden weight gain of 2 pounds or more in one week.
- Breathlessness. Breathing with difficulty, gasping or panting.

If you have one or more of these signs and symptoms, you should see your doctor or go to an emergency room immediately.

Risk Factors

Personal History

- First pregnancy
- Preeclampsia in a previous pregnancy
- Over 40 or under 18 years of age
- High blood pressure before pregnancy
- Diabetes before or during pregnancy
- Multiple gestations
- Obesity (BMI>30)
  Calculate BMI at www.nhlbisupport.com/bmi/
- Lupus or other autoimmune disorders
- Polycystic ovarian syndrome
- Large interval between pregnancies
- In vitro fertilization
- Sickle cell disease

Family History

- Preeclampsia on mother's or father's side of the family
- High blood pressure or heart disease
- Diabetes

Share your risk factors with your health care provider.