




# PRE- ECLAMPSIA

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Chronic hypertension exists when high blood pressure exists before pregnancy. If new onset high blood pressure develops during pregnancy after 20 weeks it is referred to as either pre-eclampsia or

gestational hypertension. If you have pre-eclampsia, you will usually have excess protein in your urine as well as some laboratory abnormalities. This protein can be detected with a test, given by your doctor. Development of pre-eclampsia or gestational hypertension can cause serious and potentially life-threatening complications during labor.

## *How does pre-eclampsia affect you and your baby?*

- ◇ Decreases the amount of oxygen and nutrients that your baby receives
- ◇ Can cause low birth weight, premature birth, or even stillbirth
- ◇ Placenta can separate from the

uterine wall before delivery  
(placental abruption)

- ◇ Can damage your baby's heart, kidney, liver, brain, and eye
- ◇ Can cause problems with blood clotting
- ◇ Can lead to eclampsia

## *What is eclampsia?*

If pre-eclampsia is not treated, you could develop eclampsia which is pre-eclampsia plus a seizure.



# RISK FACTORS

If you have any of the following characteristics or conditions, you are at an increased risk for pre-eclampsia. That doesn't mean that you necessarily will develop pre-eclampsia. To catch the condition early, you should speak with your doctor if you are at all concerned. A low-dose of aspirin may be prescribed to reduce the risk of developing pre-eclampsia.

- ◇ Pre-eclampsia in a previous pregnancy
- ◇ Pregnant with first child
- ◇ Younger than 20 or older than 40
- ◇ Previously obese
- ◇ Carrying multiple fetuses

- ◇ Chronic high blood pressure
- ◇ Diabetes
- ◇ Kidney disease
- ◇ Rheumatoid arthritis
- ◇ Lupus

*What are some signs that you may have pre-eclampsia?*

- ◇ Sudden, rapid weight gain
- ◇ Swelling of your face or hands
- ◇ Severe or constant headaches
- ◇ Vision problems, including blurred vision

- ◇ Pain in the upper part of the abdomen, especially on the right side
- ◇ Decreased urine output

## SCREENING AND TREATMENT

Going regularly to your prenatal visits is the best way to track your blood pressure and protein in your urine.

Ask your doctor if you are at risk for pre-eclampsia. If you have pre-eclampsia, the only “cure” is to deliver your baby. If the pre-eclampsia occurs later in your pregnancy, you may need an early delivery. If pre-eclampsia develops early, you may need to remain in the hospital for sustained monitoring. Ultrasound examinations may

be used to assess growth of the baby and antepartum tests employed to determine that the baby is healthy.

Your doctor may give you medications to prolong your pregnancy, reduce your blood pressure, or prevent seizures.

*If you're worried you may have pre-eclampsia, talk to your doctor about getting screened and managing the condition. Only your doctor can confirm whether or not you have this condition.*

Make sure you talk through all the possible complications with your doctor, and keep these in mind for your birth plan. If you have complications resulting from pre-

eclampsia during delivery, the doctors may decide to transport you to Sioux Falls.

If you have pre-eclampsia, talk to your doctor and any friends or family that may have personal experience with pre-eclampsia. Being prepared and talking through your concerns with your doctor is the best way to make sure you and your baby are safe.