

# Pre-eclampsia

Pre-eclampsia is a condition that affects some pregnant women, usually from around 20 weeks of pregnancy.

It can also affect some women in the first 6 weeks after their baby has been born.

Most women with pre-eclampsia go on to have healthy babies.

## Signs of pre-eclampsia

The first signs of pre-eclampsia are [high blood pressure \(hypertension\)](#) and too much protein in your urine (pee).

It's unlikely that you'll notice these signs, but they should be picked up during your [routine antenatal appointments](#). It's important to attend all your antenatal appointments.

There are other symptoms of pre-eclampsia you may notice.

### Contact your GP or midwife urgently if:

you have any of these symptoms during your pregnancy or in the first 6 weeks after your baby is born:

- severe headache
- changes in vision including blurring, spots or flashing lights
- pain in the upper part of your tummy, particularly on the right-hand side
- feel sick (nausea)
- vomiting
- shortness of breath
- swelling of hands, feet, ankles, neck or face, particularly if it's sudden or getting worse quickly

## Who's most at risk of pre-eclampsia

You have an increased risk of developing pre-eclampsia if you had any of these conditions before becoming pregnant:

- [diabetes](#)
- [high blood pressure](#)
- kidney disease
- other medical conditions such as lupus

Your chances of developing pre-eclampsia are slightly increased if:

- you had the condition during a previous pregnancy
- a family member such as your mother or sister has had pre-eclampsia during their pregnancies
- you're over 40 years old
- it's been at least 10 years since your last pregnancy
- you're expecting multiple babies (twins or triplets)
- you have a body mass index (BMI) of 35 or over - [Use the BMI calculator on the Safe Food website](#)

If you have 2 or more of these together, then your chances of developing pre-eclampsia are higher.

If you are at increased risk you may be prescribed [low dose aspirin](#) from early in your pregnancy to reduce this chance.

## Treating pre-eclampsia

If your GP or midwife suspects you have pre-eclampsia you will be referred for an assessment by an obstetrician in the hospital.

You'll be monitored closely to find out how severe the condition is. You may need to stay overnight.

Many cases of pre-eclampsia are mild. But the condition can cause complications for you and your baby if it is not treated.

The only way to cure pre-eclampsia is to deliver your baby. You'll usually be monitored regularly until it's possible for you to give birth to your baby.

This will normally be at around 37 to 38 weeks of pregnancy. But it may be earlier in more severe cases.

You may need to take medication to lower your blood pressure while you wait for the birth of your baby.

You may be given two steroid injections to help your baby's lungs develop if your baby needs delivery before 36 weeks because you have pre-eclampsia

## Giving birth if you have pre-eclampsia

Your doctor or midwife will decide on when it is best for your baby to be born. They will help you to prepare for the birth.

They may advise an [induced labour](#) or a [caesarean birth](#).

A doctor who specialises in newborn babies (neonatologist) or children (paediatrician) may be at the birth.

Ask questions. Your doctors will be happy to explain everything to you and your birth partner.

## Preventing pre-eclampsia

It's not always possible to prevent pre-eclampsia. But you can lessen the risk for you and your baby by going to all your appointments with your GP, midwife and obstetrician.

Your doctor may prescribe [low dose aspirin](#) if they think you are at high risk of developing pre-eclampsia.

Eating a wide variety of [healthy foods](#) and [staying active](#) can help you look after your health during pregnancy.

## Complications of pre-eclampsia

Although most cases of pre-eclampsia cause no problems for the mother or for the baby, there's a risk of serious complications.

It's important to attend all your appointments during pregnancy so that your condition can be monitored and treated.

## Problems affecting the mother

Pre-eclampsia can:

- affect organs in your body
- affect your liver and the way your blood clots
- lead to fits or convulsions through a rare condition called eclampsia

These fits can be life threatening for the mother and baby, but they're rare.

## Problems for babies

Pre-eclampsia can affect the way your placenta (afterbirth) develops. This might mean your baby does not grow as well as they should. It can also cause less amniotic fluid to be around your baby.

If you are diagnosed with pre-eclampsia your baby may need extra ultrasound scans. This is to check how they are growing, and the fluid levels around them.

Sometimes your baby will need to be born early to treat your pre-eclampsia. This is known as [premature birth or preterm birth](#).

If your baby is born early they might need extra care after the birth, in a neonatal intensive care (NICU) and special care baby units (SCBU).

Page last reviewed: 6 December 2021

Next review due: 6 December 2024

This project has received funding from the Government of Ireland's Sláintecare Integration Fund 2019 under Grant Agreement Number 123.

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