



Eclampsia/Pre-Eclampsia

Aliases

Pregnancy induced hypertension
Toxemia of pregnancy

Pregnant seizures

Patient Care Goals

1. Recognize serious conditions associated with pregnancy and hypertension
2. Prevention of eclampsia-related seizures
3. Provide adequate treatment for eclampsia-related seizures

Patient Presentation

Inclusion Criteria

1. Female patient, more than 20-weeks' gestation, presenting with hypertension and evidence of end organ dysfunction including renal insufficiency, liver involvement, neurological, or hematological involvement
2. May occur up to 6 weeks postpartum but is rare after 48 hours post-delivery
 - a. Often the presenting symptom of postpartum pre-eclampsia is headache or SOB
3. Severe features of pre-eclampsia include:
 - a. Severe hypertension (SBP *greater than* 160, DBP *greater than* 110)
 - b. Headache
 - c. Confusion/altered mental status
 - d. Vision changes including blurred vision, spots/floaters, loss of vision (these symptoms are often a precursor to seizure)
 - e. Right upper quadrant or epigastric pain
 - f. Shortness of breath/Pulmonary edema
 - g. Ecchymosis suggestive of low platelets (bruising, petechiae)
 - h. Vaginal bleeding suggestive of placental abruption
 - i. Focal neurologic deficits suggesting hemorrhagic or thromboembolic stroke
4. Eclampsia
 - a. Any pregnant patient who is seizing should be assumed to have eclampsia and treated as such until arrival at the hospital
 - b. Seizure in any late term pregnancy or postpartum patient
5. Eclampsia/pre-eclampsia can be associated with abruption placenta and fetal loss

Exclusion Criteria

None noted

Patient Management

Assessment

1. Obtain history
 - a. Gestational age in weeks or recent post-partum
 - b. Symptoms suggestive of end organ involvement such as headache, confusion, visual disturbances, seizure, epigastric pain, right upper quadrant pain, nausea/vomiting, stroke symptoms, shortness of breath