

Preeclampsia

What is preeclampsia?

Preeclampsia [pree-i-KLAMP-see-uh] is a serious medical condition that can happen in the last half of your pregnancy. It involves having high blood pressure and problems with at least one other organ in the body. Sometimes, preeclampsia can cause problems in several organs in your body, such as the kidneys, liver, and brain.

What causes preeclampsia?

Doctors don't know what causes preeclampsia. However, they have learned that some women are more likely than others to have it. For example, your chance of having preeclampsia is higher if you:

- Are pregnant for the first time
- Have had preeclampsia before
- Had chronic high blood pressure, diabetes, or kidney disease before pregnancy
- Are older than 40 or younger than 18 years
- Are pregnant with twins, triplets, or other multiples
- Are obese
- Are African American
- Have an immune system disorder, such as lupus

What are the symptoms?

Some women with preeclampsia notice these symptoms:

- Headaches
- Changes in vision
- Nausea or upper abdomen (belly) pain
- Dizziness
- Weight gain of about 5 pounds or more per week
- Swelling, especially in the face and hands
- Changes in blood clotting



Many women with preeclampsia have no symptoms and don't feel sick at all.

See the back page of this handout for a list of symptoms that you should report to your doctor or midwife.

How is preeclampsia diagnosed?

Preeclampsia is usually discovered through regular prenatal checkups. These checkups include taking your blood pressure and testing your urine. If you're more than 20 weeks along in your pregnancy and have high blood pressure and protein in your urine—or a symptom of another organ having problems—your doctor or midwife may diagnose preeclampsia.

Blood pressure has normal ups and downs.

A diagnosis requires more than 1 high reading at least 4 hours apart.

What are the risks of preeclampsia?

Preeclampsia has health risks for both mother and baby. Risks from preeclampsia depend on whether it is mild or severe. Most cases of preeclampsia are mild. They usually go away in the first few weeks after delivery and cause no long-lasting problems for mother or baby. But, **even a mild case of preeclampsia can quickly become severe.** Severe preeclampsia can cause significant—even life-threatening—problems for both you and your baby. Some of these are listed below.

Risks to your health

- Your kidneys, brain, and other organs could be damaged.
- You could have seizures, a problem called **eclampsia**.
- You could develop **HELLP syndrome** and serious bleeding and liver problems. HELLP is an abbreviation in which the H stands for **hemolysis** (red blood cell damage), EL stands for **elevated liver enzymes** (a sign of liver inflammation), and LP stands for **low platelets** in the blood (a cause of bleeding problems).

Risks to your baby's health

- Your baby may not grow well inside your uterus (womb). This is because preeclampsia can limit the blood supply to the **placenta**, the organ that nourishes the baby.
- The placenta can pull away from your uterine wall before the baby is born.
- If your baby needs to be delivered early because of preeclampsia, they could have problems breathing and feeding.

How is preeclampsia treated?

Preeclampsia can only be cured by the baby's birth. In some cases, a doctor or midwife may recommend an early delivery. This decision depends on whether the risks from preeclampsia—for you or your baby—outweigh the risks of an early birth for your baby.

Many women with preeclampsia can continue their pregnancies until labor begins on its own. **However, if you have preeclampsia, you need special care for the rest of your pregnancy and in the days that follow delivery.** This special care aims to keep preeclampsia from getting worse, to monitor you and your baby carefully for problems, and to plan for a safe delivery. The care may include:

- **More frequent prenatal visits.** Your doctor or midwife may ask to see you 2 to 8 times a month. You'll be asked about symptoms such as headaches and abdominal pain, which could mean that the brain and liver are being affected.
- **Extra testing.** You may have extra tests to check your baby's health. These may include a pregnancy ultrasound, a nonstress test, or other tests. To check your health, you may have extra blood and urine tests. You may also have more frequent blood pressure and weight checks.
- **Partial bed rest.** Your doctor or midwife may ask you to limit your activity, avoid stress, and rest often throughout the day.
- **Medicines.** You may need to take medicine to lower your blood pressure or prevent seizures. **Magnesium sulfate** [mag-NEE-zee-uh-m SUHL-feyt] is often used during labor to prevent or stop seizures. You may also need to take steroid medicines to help your baby's lungs mature.
- **Hospitalization.** Your doctor or midwife may want to admit you to the hospital. This allows the healthcare team to monitor you and your baby more closely.

The **next page** gives special instructions for women on bed rest or receiving magnesium sulfate therapy.

Bed rest

What can I expect and do?

Some doctors and midwives recommend **partial bed rest**—also called **modified bed rest**—for preeclampsia. Partial bed rest aims for a balance of rest and activity. You may be on bed rest at home or in the hospital. If so, do these things:

- Make sure you know what kind of activity is recommended—and how much.** Ask your doctor or midwife for specifics: Is it okay sit on the couch or take a shower? Go for short walks? How many times a day—for how many minutes?
- Follow your doctor or midwife’s advice about staying quiet and calm.** Bed rest is more than just staying in bed. It means limiting visitors and avoiding anything that causes extra stress or excitement.
- Lie mostly on your side.** This may improve your blood circulation and increase blood flow to your baby.
- Feel proud of what you’re doing.** Limiting your activity can be frustrating. There are probably many things you wish you could be doing. Try to think of it as a labor of love for your family.



Magnesium sulfate

What can I expect?

You may be hospitalized and given magnesium sulfate to help prevent seizures. You’ll receive the medicine through a small tube—called an **intravenous (IV) line**—inserted into one of your veins. Here’s what you can expect while you’re receiving magnesium sulfate:

- **You may have side effects.** Some common side effects include muscle weakness, trouble focusing your eyes, lower energy, headache, flushing, sweating, and nausea and vomiting. **Tell your healthcare team about these or any other side effects, symptoms, or changes you notice.**
- **Your healthcare team will do frequent checks.** The goal is to make sure that the level of magnesium sulfate in your body is high enough to be effective—but not so high that it’s harmful. These checks also help the team know if you are having any other problems with preeclampsia or with the medicine. The checks may include:
 - **Testing your blood** to check your kidney function, how well your blood is clotting, and the amount of magnesium sulfate in your body.
 - **Testing your reflexes** to see if the medicine is causing problems with your nerves.
 - **Checking your blood pressure.**
 - **Measuring the amount of fluid you take in and the amount you urinate (pee).** Too little urine can be a sign of poor kidney function.
 - **Listening to your breathing** to check for problems such as fluid in the lungs.
 - **Asking you about any symptoms, side effects, or changes you notice.** See the back page for a list of things you should report immediately to your doctor or midwife.

The **next page** describes when you should call your doctor or midwife and includes space to write down your next appointment and questions you may have for your healthcare provider.

