PATIENT EDUCATION LEAFLET



Pre-eclampsia

Pre-eclampsia is a complication of pregnancy that causes you to have high blood pressure and protein in your urine. It can make you unwell and can affect your baby's growth and wellbeing.

Key Points

- Pre-eclampsia is a condition that affects up to 8 in 100 pregnant women.
- It is usually diagnosed in the second half of pregnancy, during labour or soon after you have given birth.
- Signs of pre-eclampsia include having high blood pressure (hypertension) and protein in your urine (proteinuria).

How is Pre-eclampsia monitored?

If you are diagnosed with pre-eclampsia, you should attend hospital for assessment.
While you are at the hospital, your blood pressure will be measured regularly and you may be offered medication to help lower it. Your urine will be tested to measure the amount of protein it contains and you will also have blood tests done. Your baby's heart rate will be monitored and you may have ultrasound scans to measure your baby's growth and wellbeing.

What happens if I develop severe Pre-eclampsia?

If you develop severe pre-eclampsia, you will be cared for by a specialist team. The only way to prevent serious complications is for your baby to be born. Each pregnancy is unique and the exact timing will depend on your own particular situation.
Treatment includes medication (either tablets or via a drip) to lower and control your blood pressure. You will also be given medication to prevent eclamptic fits if your baby is expected to be born within the next 24 hours or if you have experienced an eclamptic fit.
You will be closely monitored on the labour ward. In more serious cases, you may need to be admitted to an intensive care or high dependency unit.

What happens after the birth?

Pre-eclampsia usually goes away after birth. However, if you have severe pre-eclampsia, complications may still occur within the first few days and so you will continue to be monitored closely. You may need to continue taking medication to lower your blood pressure.
If you had severe pre-eclampsia or eclampsia, you should have a postnatal appointment with your obstetrician to discuss the condition and what happened. If you are still on medication to treat your blood pressure 6 weeks after the birth, or there is still protein in your urine on testing, you may be referred to a specialist.

REFERENCES: www.nice.org.uk/cg107

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Key Points

• Although many cases are mild, pre-eclampsia can lead to serious complications for both you and your baby.
• You may be offered medication to treat your high blood pressure but pre-eclampsia will not get better until after you have given birth.

What is Pre-eclampsia?

Pre-eclampsia is a condition that typically occurs after 20 weeks of pregnancy. It is a combination of:

- raised blood pressure (hypertension)
- protein in your urine (proteinuria).

The exact cause of pre-eclampsia is not understood.

Often there are no symptoms and it may be picked up at your routine antenatal appointments when you have your blood pressure checked and urine tested.

Why do I need to know about this?

Around one in 200 women (0.5%) develop severe pre-eclampsia during pregnancy. The symptoms tend to occur later on in pregnancy but can also occur for the first time only after birth.

The symptoms of severe pre-eclampsia include:

• severe headache that doesn't go away with simple painkillers
• problems with vision, such as blurring or flashing before the eyes
• severe pain just below the ribs
• heartburn that doesn't go away with antacids
• rapidly increasing swelling of the face, hands or feet
• feeling very unwell.

These symptoms are serious and you should seek medical help immediately. If in doubt, contact the maternity unit at your local hospital.

In severe pre-eclampsia, other organs, such as the liver or kidneys, can sometimes become affected and there can be problems with blood clotting.

Severe pre-eclampsia may progress to convulsions or seizures before or just after the baby's birth. These seizures are called eclamptic fits and are rare, occurring in only one in 4000 pregnancies

How may Pre-eclampsia affect my baby?

Pre-eclampsia affects the development of the placenta (afterbirth), which may prevent your baby growing as it should. There may also be less fluid around your baby in the womb.

If the placenta is severely affected, your baby may become very unwell. In some cases, the baby may even die in the womb. Monitoring aims to pick up those babies who are most at risk.

Who is at risk of pre-eclampsia and can it be prevented?

Pre-eclampsia can occur in any pregnancy but you are at higher risk if:

• your blood pressure was high before you became pregnant
• your blood pressure was high in a previous pregnancy
• you have a medical problem such as kidney problems or diabetes or a condition that affects the immune system, such as lupus.

The importance of other factors is less clear-cut, but you are more likely to develop pre-eclampsia if more than one of the following applies:

• this is your first pregnancy
• you are aged 40 or over
• your last pregnancy was more than 10 years ago
• you are very overweight – a BMI (body mass index) of 35 or more
• your mother or sister had pre-eclampsia during pregnancy
• you are carrying more than one baby.

If you have more than one of these risk factors, you may also be advised to take low-dose aspirin once a day from 12 weeks of pregnancy.