

# Pre-eclampsia.

Pregnancy can be a challenging time for some. Unless you're one of the lucky few, it often brings swelling, aches and pains, nausea, along with a myriad of others. These symptoms, for the most part are accepted during pregnancy and most would agree that the changes in their bodies are worth it. But, some pregnancy symptoms can indicate problems like pre-eclampsia, which involves high blood pressure, swelling of your hands and feet, and protein in your urine.

Pre-eclampsia affects between 5-8% of pregnancies and usually develops between 20 weeks gestation and some Mums aren't aware they have it, so this is why your LMC will do several checks during your prenatal visits. Although the exact single cause of pre-eclampsia is not known (research is on-going) - some potential causes that are being considered are genetic factors, blood vessel problems and auto-immune disorders. There are also risk factors that can increase your chances of developing pre-eclampsia. These include: being pregnant with multiple babies (this puts more stress on your placenta), being over the age of 40, being in your early teens, being pregnant for the first time, being obese, have a history of high blood pressure, have a history of diabetes or have a history of a kidney disorder, history of pre-eclampsia for yourself (during a previous pregnancy) or within your immediate family (mum, sister etc)

## Pre-eclampsia symptoms.

Signs (changes in measured blood pressure or physical findings) and symptoms of pre-eclampsia can include: High blood pressure (hypertension). High blood pressure is one of the first signs you may be developing pre-eclampsia. If your blood pressure is 140/90 or higher. Changes in vision - usually in the form of flashing lights, inability to tolerate bright light, spots or zig-zags in front of your vision. Sudden excessive weight gain. Protein in your urine (proteinuria) - pre-eclampsia can change the way your kidneys function, which causes proteins to spill into your urine. Shortness of breath. Swelling - as pre-eclampsia develops, it can cause fluid retention (oedema), which often causes sudden swelling of the feet, ankles, face and hands. Oedema is another common symptom of pregnancy, but it tends to be in the lower parts of the body, such as the feet and ankles. It will gradually build up during the day. If the swelling is sudden, and it particularly affects the face and hands, it could be pre-eclampsia. Nausea or vomiting - some women experience nausea and vomiting throughout their pregnancy. However, for most women, morning sickness will go away after the first trimester. If nausea and vomiting come back after mid-pregnancy, it can be a sign you're developing pre-eclampsia. Severe headaches that don't go away even with over-the-counter pain medication. Abdominal pain, especially in the upper right part of your abdomen or in your stomach. or lower back pain which may be related to impaired liver function.

## Complications of pre-eclampsia:

Pre-eclampsia can affect both you and your baby. These complications might include: Preterm birth - the only way to cure pre-eclampsia is to deliver your baby, but sometimes delivery can be postponed to give your baby more time to mature. Your LMC will monitor your pregnancy and pre-eclampsia symptoms to determine the best time for your baby to be delivered in order to preserve your health and the health of your baby. Organ damage to your kidneys, liver, lungs, heart, or eyes. Fetal growth restriction - because pre-eclampsia affects the amount of blood carried to your placenta, your baby may have a low birth weight. HELLP syndrome - HELLP (hemolysis, elevated liver enzymes, and low platelet count) syndrome is a severe form of pre-eclampsia that can be life-threatening for you and your baby. HELLP syndrome damages several organ systems at once. Eclampsia - uncontrolled pre-eclampsia can turn into eclampsia. It includes all of the same symptoms of pre-eclampsia, but you'll also experience seizures.



Eclampsia can be dangerous for both mother and baby. If you're experiencing eclampsia, your doctor will deliver your baby no matter how far along you are. Cardiovascular disease in the future - your risk of cardiovascular disease increases if you have pre-eclampsia more than once or if you've had a previous preterm delivery. Placental abruption happens when the placenta separates from the wall of your uterus before your baby is delivered. It causes bleeding and can be life-threatening for you and your baby and a stroke. Thankfully these complications are rare.

### **Treatment options for pre-eclampsia**

Your LMC will treat your pre-eclampsia based on how severe your symptoms are, how far along you are, and how well your baby is doing. When monitoring your pre-eclampsia, your LMC will probably recommend regular blood pressure and urine testing, blood tests and ultrasounds. They may also recommend; Treatment with a steroid that will help mature your baby prior to delivery if you're still early (< 37 weeks) in your pregnancy. Delivery of your baby if your symptoms are severe or if you're at 37 weeks or more. Strick bed rest at home or in the hospital if you're not yet at 37 weeks, and if your and your baby's conditions are stable. Pre-eclampsia generally worsens as pregnancy goes on, so your LMC's recommendations may change, depending on your health and the health of your baby. Delivery of your baby and placenta should resolve the condition.

### **Other treatments during pregnancy:**

In some cases, you may be given medications to help lower your blood pressure. You may also be given medications to prevent seizures. The management of pre-eclampsia is guided by whether the disease is considered mild or severe. The signs of severe pre-eclampsia include: changes in the fetal heart rate that indicate distress, abdominal pain, seizures, impaired kidney or liver function, fluid in your lungs.

### **Treatments after delivery:**

Once your baby is delivered, pre-eclampsia symptoms should resolve. According to studies, most women will have normal blood pressure readings 48 hours after delivery. Also, research has found that for most women with pre-eclampsia, the symptoms resolve and liver and kidney function return to normal within a few months. However, in some cases, blood pressure can become elevated again a few days after delivery. For this reason, close follow-up care with your LMC and regular blood pressure checks are important even after delivery of your baby. Although rare, pre-eclampsia can occur in the postpartum period following a normal pregnancy. Therefore, even after an uncomplicated pregnancy, you should see your doctor if you've recently had a baby and notice the symptoms noted above.

