

Pre-Eclampsia

Cumberland Regional Hospital

Pre-Eclampsia

What is pre-eclampsia?

- Pre-eclampsia is a condition that happens during pregnancy, usually after 20 weeks. It may also happen during delivery or shortly after giving birth.
- It can cause high blood pressure and damage your organs (like your liver, kidney, or brain).
- Pre-eclampsia is common and may happen during any pregnancy.

What causes pre-eclampsia?

- The cause is not known.

You may be at a higher risk for pre-eclampsia if you:

- › Had high blood pressure before you got pregnant
- › Had high blood pressure in a past pregnancy
- › Have certain conditions (like kidney disease or a weakened immune system)
- › Have diabetes (type 1 or type 2)

Your risk is higher if you have 2 or more of these risk factors:

- › This is your first pregnancy.
- › You are 40 years old or older.
- › Your last pregnancy was more than 10 years ago.
- › Your BMI is 35 or higher.
- › Your mother or sister had pre-eclampsia during their pregnancy.
- › You are having more than 1 baby (like twins).

What are the symptoms?

Call 911 or go to the nearest Emergency Department right away if you have any of these symptoms of pre-eclampsia:

- › Sudden swelling in your face (around the eyes), hands, or feet
- › Sudden weight gain
- › A lot of protein in your urine (pee) (found in a urine test)
- › Not peeing as much
- › Changes in the way your blood clots (found in a blood test)
- › Severe (very bad) headache that does not go away
- › Vision problems
- › Sharp pain in the **right side** of your belly, ribs, or shoulder
- › Trouble breathing
- › Heartburn that is not helped by taking medication
- › Nausea (feeling sick to your stomach)
- › Vomiting (throwing up)

Most cases of pre-eclampsia are mild. In rare cases, pre-eclampsia can cause a seizure (called an eclamptic fit or eclampsia).

Severe pre-eclampsia is rare. It can harm your organs, causing blood clotting problems. This can be dangerous for you and your baby.

How do I know if I have pre-eclampsia?

- You may not have any symptoms. Your health care provider will do blood and urine tests to check for pre-eclampsia during your regular prenatal appointments or during delivery.

If you have severe pre-eclampsia:

- You may need to be admitted to the hospital.
- You may need medication to control your blood pressure. This may be taken as pills or through an I.V. (intravenous tube injected into a vein in your arm).
- You may need a medication called magnesium sulfate to treat or prevent a seizure.

- Each person is different. Your health care team will work with you to keep you and your baby safe.

If you have had pre-eclampsia, you are at a higher risk of:

- › High blood pressure
- › Stroke
- › Heart disease

How can I lower my risk of pre-eclampsia?

- Take 81 to 162 mg of Aspirin® each day, from 12 weeks of pregnancy until 36 weeks.
 - › **Do not** start taking Aspirin® before talking with your primary health care provider (family doctor or nurse practitioner).
- Quit smoking (if you smoke)
- Eat healthy foods
- Stay active
- Keep a healthy weight

How can pre-eclampsia affect my baby?

- Pre-eclampsia can affect your placenta, which may affect your baby's growth. Your baby may be smaller than expected.
- **With severe pre-eclampsia, you and your baby are at risk of having serious health issues.**
- If pre-eclampsia is causing you or your baby to be sick, you may need to deliver your baby prematurely (early), before 37 weeks. This can raise your baby's risk of complications and they may need special care.
- Your health care team will talk with you about these risks.

How is pre-eclampsia treated?

- **Pre-eclampsia will not go away until after you deliver your baby.**
- During pregnancy, you may need to:
 - › be admitted to the hospital.
 - › have appointments often, in some cases every day.
 - › take medication to lower your blood pressure.
 - › have blood work and an ultrasound every 14 days (2 weeks) to check your baby's growth.

When can I expect my baby to arrive?

- Your health care team will monitor your pregnancy to make sure you and your baby are safe.
- We may recommend you deliver your baby if:
 - › You have pre-eclampsia and you reach 37 weeks of pregnancy.
 - › You are diagnosed with pre-eclampsia after 37 weeks of pregnancy.
 - › You have complications before 37 weeks of pregnancy.We will work with you to make this decision together.
- We will talk with you about whether an induction or a planned cesarean birth (c-section) are right for you.

What will happen after my baby is born?

- Pre-eclampsia usually goes away after you deliver your baby, but there are possible complications. Your health care team will keep monitoring you for the first few days after delivery.
- You may need to stay in the hospital for a long time.
- After you go home, you will need to have your blood pressure checked often. You **may** need to keep taking blood pressure medication for many weeks after your baby is born.
- Your health care providers will make sure the medication you are prescribed is safe for breastfeeding or chestfeeding. If your baby is being cared for in a neonatal hospital unit, you can still hand express milk for them.

- We recommend having a follow-up appointment with your primary health care provider 6 to 8 weeks after delivery. If you are still taking blood pressure medication or have protein in your pee at your follow-up appointment, you may be referred to a specialist.

How will I feel after giving birth?

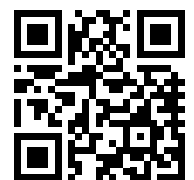
- Having a complicated pregnancy or birth can be overwhelming for you and your loved ones. This can be even more stressful if your baby needs extra care, or if you have a long hospital stay. **If you are anxious or depressed after giving birth, it is important to talk to your health care provider right away.**

Will I have pre-eclampsia in my next pregnancy?

- This will depend on when in your last pregnancy your baby was born.
- **Before you get pregnant again, ask your health care provider about your risk of pre-eclampsia.**
- If you have had pre-eclampsia before, take 81 to 162 mg of Aspirin® starting at 12 weeks of pregnancy.
- **Tell your health care provider as soon as you know you are pregnant.**

For more information:

Preeclampsia™ Foundation
› www.preeclampsia.org



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