

Pre-Eclampsia

Cape Breton Regional Hospital

What is pre-eclampsia?

- Pre-eclampsia is a condition that can happen during pregnancy. In most cases, pre-eclampsia happens after the 20th week. It may also happen during delivery or shortly after giving birth.
- Pre-eclampsia can:
 - › Cause high blood pressure (also called hypertension).
 - › Harm your organs (like your liver, kidneys, or brain).
- Pre-eclampsia happens in about 10% of all pregnancies.

What causes pre-eclampsia?

- The exact cause is unknown. It is thought to happen because of less blood flow to the placenta.

What can raise your risk for pre-eclampsia?

- **You may be at a higher risk for pre-eclampsia if:**
 - › You are younger than 18 years old
 - › You are older than 40 years old
 - › You had high blood pressure before you got pregnant
 - › This is your first pregnancy
 - › You have had pre-eclampsia before
 - › Your mother or sister had pre-eclampsia
 - › Your last pregnancy was more than 10 years ago
 - › You have certain conditions (like kidney disease or a weakened immune system)
 - › You have diabetes (type 1 or type 2)
 - › Your Body Mass Index (BMI) is 30 or higher
 - › You are having more than 1 baby (like twins)

What are the symptoms of pre-eclampsia?

- **If you have any of these symptoms after 20 weeks, go to the Labour and Delivery Unit:**
 - › Severe (very bad) headache that does not go away
 - › New trouble with your vision (blurred vision, seeing spots)
 - › Severe pain in the right side of your belly, ribs, or shoulder
 - › A lot of trouble breathing when you are sitting still or chest pain
 - › Severe nausea (upset stomach) and vomiting (throwing up)
- **If you have any of these symptoms after 20 weeks, call your prenatal care provider:**
 - › Unusually fast weight gain
 - › Heartburn that is not helped by taking medication
- Most cases of pre-eclampsia are mild. In rare cases, pre-eclampsia can cause a seizure (sudden electrical brain activity that can change how you act, move, or feel for a short time). This is also called an **eclamptic fit** or **eclampsia**.
- Severe pre-eclampsia is rare. It can harm your organs and cause blood-clotting problems. **This can be dangerous for you and your baby.**

How do I know if I have pre-eclampsia?

- You may have high blood pressure and not have any other symptoms.
- Your prenatal care provider will ask you to have blood and urine (pee) 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 or hand).
 - › 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
 - › Heart disease
 - › Stroke

How can pre-eclampsia affect my baby?

- Pre-eclampsia can affect your placenta. This can affect your baby's growth and your baby may be smaller than expected.
- **Pre-eclampsia can cause serious health issues in both you and your baby.**
- In some cases, you may need to deliver your baby prematurely (early), before 37 weeks. Your baby may need special care in the neonatal unit. This unit provides specialized care for babies who are born preterm or who need closer monitoring.
- Your health care team will talk with you about these risks.

How can I lower my risk of pre-eclampsia?

- Your health care provider may prescribe Aspirin® (ASA, acetylsalicylic acid), if needed. It is taken every day, from 12 weeks of pregnancy until 36 weeks of pregnancy.
 - › **Do not** start taking Aspirin® before talking with your primary health care provider.
- Eat healthy foods.
- Stay active.
- Keep a healthy weight.

Will pre-eclampsia affect when I deliver my baby?

- 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) is right for you.

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 once a week and an ultrasound every 1 to 2 weeks to check your baby's growth.

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 longer.
- After you go home, you may need to:
 - › Check your blood pressure.
 - › Keep taking blood pressure medication.

Your health care provider will make sure the medication you are prescribed is safe for breastfeeding or chestfeeding.

- We recommend having a follow-up appointment with your primary health care provider 6 to 8 weeks after you give birth. 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 primary health care provider right away.**

Will I have pre-eclampsia in my next pregnancy?

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

For more information:

Preeclampsia™ Foundation

- › www.preeclampsia.org

Labour and Delivery Unit

- › Phone: 902-567-7834

This pamphlet is for educational purposes only. It is not intended to replace the advice or professional judgment of a prenatal care provider. The information may not apply to all situations. If you have any questions, please ask your prenatal care provider.

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