



SASUOG

South African Society for Ultrasound in Obstetrics and Gynaecology

Patient information leaflet: Preeclampsia

What is preeclampsia?

Preeclampsia is a dangerous condition that only occurs during pregnancy. About 4 to 5% percent of pregnant women develop preeclampsia. It usually develops in the second half of pregnancy (after 20 weeks), but can also develop during labour and sometimes only after the baby is born.

Women with preeclampsia have high blood pressure and usually they lose too much protein in their urine. They can also develop problems with other organs like the liver, kidneys, brain, eyes, or placenta (afterbirth). If preeclampsia develops early in pregnancy, the baby may not grow well and could be small.

What are the symptoms of preeclampsia?

Most women with preeclampsia do not feel any different to other pregnant women.

When preeclampsia becomes severe however the signs and symptoms include:

- A bad headache
- Changes in eyesight: blurry vision, flashes of light, spots
- Belly pain, especially in the upper belly
- Severe swelling (legs, hands, sometimes even face)

If you develop these symptoms, it is important to report to hospital immediately as preeclampsia can quickly lead to complications if not managed properly and requires specialist care.

Can we predict who will get preeclampsia?

There is a very good test to determine the risk of developing early preeclampsia (before 37 weeks). This test needs to be performed in the first trimester of pregnancy by a professional who is accredited by the Fetal Medicine Foundation. (<https://fetalmedicine.org/>). By checking for risk factors in your medical history, measuring the blood flow in the blood vessels supplying your uterus, measuring your blood pressure and incorporating certain blood tests, your individual risk for early preeclampsia can be calculated. If the risk is high, then it is recommended that you start treatment as soon as possible, in order to lower your chance of preeclampsia developing in the months to come. This treatment (low-dose aspirin and calcium) is safe in pregnancy.

Is there a test to diagnose preeclampsia when it develops?

Yes. To test for preeclampsia, your doctor or nurse will take your blood pressure and check your urine for protein regularly during pregnancy. He or she might also do blood tests to make sure your organs are working as they should.

A blood pressure reading is expressed by two numbers. For instance, your doctor or nurse might say that your blood pressure is "140 over 90." To be diagnosed with preeclampsia, your top number (called "systolic pressure") must be 140 or higher, or your bottom number (called "diastolic pressure") must be 90 or higher. Plus, you must have too much protein in your urine or abnormalities in function in 1 or more of your organs.

It is possible to have high blood pressure (above 140/90) during pregnancy without having high protein in the urine or other problems. That is not preeclampsia. Still, if you develop high blood pressure, your doctor will watch you closely as you could develop preeclampsia or other problems related to high blood pressure in the weeks to come.

How is preeclampsia treated?

The only final cure is to deliver the baby and placenta. There is no treatment for preeclampsia while you are still pregnant. Your blood pressure can be controlled with medication to prevent you from having a stroke. You may be given a drug (magnesium sulphate) to prevent fitting. Unfortunately, these drugs only lower the risk for complications but they do not treat the preeclampsia.

Your doctor will decide whether it is better for you to have your baby right away, or to wait. If you are near your due date, your doctor will probably give you medicine to start contractions. This is called "inducing labor." Most women can give birth the usual way, through the vagina. But in some cases, the doctor will need to do a caesarean section.

If your due date is not for several weeks, and your preeclampsia is not severe, your doctor might wait to deliver your baby, to give the baby more time to grow and develop. If your doctor decides to wait, he or she will check you and your baby often for any problems. You might need to stay in the hospital.

What can I do to prevent preeclampsia?

If you have underlying medical problems that increase the risk for preeclampsia or had it in a previous pregnancy, please arrange a consultation with your doctor before you discontinue contraception. Optimal control of diseases like high blood pressure, diabetes, lupus and kidney disease before you fall pregnant, really improve the chances for a good pregnancy. If you are at high risk for preeclampsia, your caregiver may advise you to take low-dose aspirin and calcium.

WHERE TO GET MORE INFORMATION

Your health care provider is the best source of information for questions and concerns.

You can also look at these sites

<https://www.rcog.org.uk/en/patients/patient-leaflets/pre-eclampsia/>

<https://www.uptodate.com/contents/preeclampsia-beyond-the-basics>

www.nlm.nih.gov/medlineplus/healthtopics.html