

Pre-Eclampsia

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Pre-eclampsia goes by many names, including toxæmia, gestational proteinuric hypertension and pregnancy induced hypertension. Whatever name it is given, it is a pregnancy condition which must be taken seriously as it can pose a serious risk to health of both mother and baby.

It is often thought that pre-eclampsia is simply high blood pressure. This is certainly one of the characteristic signs of the condition, the others being protein in the urine and fluid retention. It should also be noted that these signs are not the disease itself but are symptoms of an underlying circulatory disorder. The condition affects about three to seven out of every 100 pregnant women.

The signs almost always occur after 28 weeks gestation and they do not necessarily appear together. They usually go away soon after the baby is born, but not always, and for this reason, women who have had severe pre-eclampsia should be carefully monitored in the days after their baby is born.

Risk Factors

The causes of pre-eclampsia are not understood, but it is known that some women are more at risk than others. Women are at increased risk if they:

- *Have hypertension, kidney disease or diabetes*
- *had pre-eclampsia with a previous pregnancy*
- *are carrying more than one baby*
- *had a mother or sister who developed pre-eclampsia when pregnant*
- *are a teenager*
- *are in their first pregnancy*
- *are more than 40 years old*
- *are overweight.*

Prevention

Because it is not known what causes pre-eclampsia, it is difficult to know what to do to prevent it although there is some evidence to suggest that a diet high in fresh fruit and vegetables and increasing the intake of calcium-rich foods may be beneficial. Preliminary studies have also shown evening primrose oil, fish oils and magnesium oxide supplements to be promising.

Warning Signs of Pre-eclampsia

Because high blood pressure and protein in the urine are usually symptomless, the caregiver will measure a woman's blood pressure and use a dipstick to check the urine. This should happen at every antenatal visit because although the condition is rare before 28 weeks, when it does occur then, it frequently leads to pre-eclampsia with its associated higher risk to mother and baby.

Although the frequent monitoring should detect the onset of pre-eclampsia, occasionally it occurs quite rapidly. Women should be aware of the signs that pre-eclampsia may be

developing so that the condition may be treated as early as possible.

If any of these symptoms occur, the caregiver should be called immediately:

- Upper abdominal pain (up under ribs) that may radiate into your back*
- Headaches – particularly in the front*
- Blurry vision or seeing flashing lights*
- Swollen hands and face*
- Feeling unwell, nauseous or throwing up*
- Reduced baby movements.*

Treatment

Mild to moderate pre-eclampsia carries little risk to mother or baby, but as moderate to severe pre-eclampsia and eclampsia do, treatment for the milder form of the condition is carried out to try to prevent the development of severe hypertensive disease. Bed rest at home or in the hospital may be recommended although there is to date no good evidence to support a policy of strict bed rest in hospital. It is also usual to administer anti-hypertensive drugs to control blood pressure.

The progression of pre-eclampsia to eclampsia is serious as multiple vital organs in the mother can be affected, including the liver, kidneys and brain. The blood's ability to clot can be impaired and the most serious cases can result in swelling and bleeding of the brain. Another complication is called the HELLP syndrome (Haemolysis Elevated Liver Enzymes, Low Platelet). Eclampsia and HELLP are life-threatening emergencies and will always be treated in hospital with anti-hypertensives, anti-convulsants and anti-platelet agents. Occasionally, despite this treatment, pre-eclampsia cannot be managed adequately and the baby may have to be delivered prematurely.

Summary

Most women will not develop the condition, even during their first pregnancy which brings with it a higher risk factor, but the potential seriousness of pre-eclampsia is such as to justify careful monitoring throughout pregnancy for all women