

**Birth Arts
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Preeclampsia

What is preeclampsia?

Preeclampsia (say "pre-ee-clamp-see-ah"), which is also called toxemia, is **an issue** that occurs in some women during pregnancy. It can happen during the second half of pregnancy. Your health care provider will look for the following signs of preeclampsia: high blood pressure, swelling that doesn't go away and large amounts of protein in your urine.

Who is at risk for preeclampsia?

Preeclampsia is more common in a woman's first pregnancy and in women whose mothers or sisters had preeclampsia. The risk of preeclampsia is higher in women carrying multiple babies, in teenage mothers and in women older than age 40. Other women at risk include those who had high blood pressure or kidney disease before becoming pregnant. The cause of preeclampsia is still unknown.

Does high blood pressure mean I have preeclampsia?

No, it is a warning sign but not a true sign. If your midwife sees that your blood pressure is high, she will watch you closely for changes that could mean you have preeclampsia. Women who have preeclampsia also have excessive swelling. When the urine test is done, protein may be detected in urine. A lot of women with high blood pressure during pregnancy don't have protein in their urine or extreme swelling, and don't get preeclampsia.

Does having swelling mean I have preeclampsia?

Swelling alone doesn't necessarily mean you have preeclampsia. Some swelling is normal during pregnancy. For example, your rings or shoes might become too tight. Swelling is more serious if it doesn't go away after resting, or when you have had your feet elevated. If the swelling is very obvious in your face and hands, or if it's a rapid weight gain of more than 5 pounds in a week.

What tests can show if I have preeclampsia?

No one test diagnoses preeclampsia. Your blood pressure will be checked during each doctor's visit. A big rise in your blood pressure can be an early sign that you might have preeclampsia. A urine test can tell if there is protein in your urine. Your doctor may order certain blood tests, which may show if you have preeclampsia. If you have signs of preeclampsia, your doctor may want to see you at least once a week and possibly every day.

The following things place women at a higher risk of Preeclampsia

- History of drug or oral contraceptives use before pregnancy.
- Severe Nausea or vomiting for an extended time in early pregnancy.
- It is a myth that toxemia is primarily a disease of first time mothers.
- Poor Appetite.
- Teenagers
- Low financial economic status.
- Digestive or eating disorders
- Previous Liver- Related Disease.
- Low salt or low calorie diet.

What are the risks of preeclampsia to the baby and me?

Preeclampsia can prevent the placenta (which gives air and food to your baby) from getting enough blood. If the placenta does not get enough blood, your baby gets less air and food. This can cause low birth weight and other problems for the baby. Most women with preeclampsia still deliver healthy babies. A few develop a condition called eclampsia (seizures caused by toxemia), which is very serious for the mother and baby, or other serious problems. Fortunately, preeclampsia is usually detected early in women who get regular prenatal care, and most problems can be prevented.

What is the treatment for preeclampsia?

If you have preeclampsia, delivery of the baby is the best way to protect both you and your baby. This isn't always possible, because it may be too early for the baby to live outside of the womb.

If delivery isn't possible because it's too early in your pregnancy, steps can be taken to manage the preeclampsia until the baby can be delivered. These steps include making your blood pressure drop, with bed-rest or medicines, and keeping a close eye on you and your baby. In some cases, hospitalization may be necessary.

Symptoms of Preeclampsia

If you have any of these symptoms, call right away:

Severe headaches	Ringing or buzzing sound in ears
Vomiting blood	Excessive vomiting
Excessive swelling of the feet and hands	Drowsiness
Smaller amounts of urine or no urine	Fever
Blood in your urine	Double vision
Rapid heartbeat	Blurred vision
Dizziness	Sudden blindness
Excessive nausea	Pain in the abdomen (tummy)

Labor may be induced if any of the following occur:ⁱⁱⁱ

- * Diastolic blood pressure greater than 100 mmHg consistently for a 24 hour period, or any confirmed reading over 110 mmHg
- * Persistent or severe headache
- * Abdominal pain
- * Abnormal liver function tests
- * Rising serum creatinine
- * HELLP syndrome
- * Pulmonary edema (fluid in lungs)
- * Eclampsia
- * Thrombocytopenia (low platelet count)
- * Non-reassuring fetal monitoring tracings
- * Failure of fetal growth noted by ultrasound
- * Abnormal biophysical profile (a test to monitor the health of the fetus)

Pre-eclampsia in and of itself has been associated with slower growth in the fetus, and, because delivery of the baby is the only "cure" for pre-eclampsia, the risk of premature delivery is higher in pregnancies complicated by pre-eclampsia.

When seizures or convulsions occur in concert with hypertension and proteinuria, the diagnosis of *toxemia* or *eclampsia* is made. This condition carries a high risk of death for the mother and fetus. The only cure is delivery of the infant. Many women who present with high blood pressure and protein in the urine receive a medication called *Magnesium Sulfate (MgSO₄)*. This drug is also used to stop pre-term contractions of the uterus, so when it is given during labor, it is important to remember that it will slow (and possibly stop) the uterine contractions, leading to an increased use of *Pitocin*. Pitocin is also known to elevate the blood pressure.ⁱⁱⁱ

In cases of severe preeclampsia when the pregnancy is between 32 and 34 weeks, delivery is the treatment of choice. For pregnancies less than 24 weeks, the induction of labor is recommended, although the likelihood that the fetus will survive is very small.

Prolonging pregnancies has been shown to result in maternal complications, as well as infant death in approximately 87% of cases. Pregnancies between 24 and 34 weeks gestation present a "gray zone," and the medical team and the parents may decide to attempt to delay delivery in order to allow the fetus to mature.

During this time, the mother is treated with steroid injections which help speed the maturity of some fetal organs including the lungs. The mother and baby are closely monitored for complications.

During induction of labor and delivery, medications are given to prevent seizures and to keep blood pressure under good control. The decision for vaginal delivery versus Cesarean section is based on how well the fetus is able to tolerate labor.

**Excerpts from
Medline Plus
Motherstuff
Perinatal Review
Baby Center**

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Sources

ⁱ Medline Plus Medical Encyclopedia- Preeclampsia

ⁱⁱ Varney, Helen. *Varney's Midwifery*. Jones and Bartlett, Sudbury MA.2004

ⁱⁱⁱ Pitocin® (Synthetic Oxytocin) Pharmaceutical Information