

PREECLAMPSIA

Preeclampsia is a problem that occurs in some women during pregnancy. Preeclampsia is diagnosed when a pregnant woman develops high blood pressure and protein in her urine. When high blood pressure is not accompanied by protein in the urine at time of diagnosis it is considered gestational hypertension. Preeclampsia can prevent the placenta (which provides nutrients) from getting enough blood. If the placenta doesn't get enough blood, your baby gets less nutrients, which could hurt your baby's growth. This can cause low birth weight and other problems for the baby.



Who is at risk for preeclampsia?

Preeclampsia occurs in as many as 10% of pregnancies, usually in the second or third trimester. Preeclampsia may also occur in the immediate postpartum period or up to 6-8 weeks post-partum. 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 Black women, 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 they became pregnant, diabetics and women who use certain drugs like tobacco and cocaine. The cause of preeclampsia isn't known.

What are the symptoms of preeclampsia?

Call your health care provider right away if you have:

- swelling (edema) of the hands, feet and face
- sudden weight gain (five or more pounds in a week)
- visual disturbances (blurred or double vision, sudden blindness)
- severe headaches
- dizziness or blurred vision
- intense stomach pain
- ringing or buzzing sound in ears
- excessive nausea or vomiting



If you need additional information, contact the Family Health Line at 1-800-451-BABY (2229)

In severe preeclampsia these symptoms are more pronounced. Severe preeclampsia may lead to seizures (eclampsia). Chronic undiagnosed and untreated high blood pressure may cause death to both mother and baby if not treated. .

How is preeclampsia treated?

If you have preeclampsia, delivering 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. These steps include decreasing your blood pressure with bed-rest or medicines, and keeping a close eye on you and your baby. In some cases, hospitalization may be necessary.

Can I reduce my risk?

- Regular prenatal care is essential for the prevention and early detection of preeclampsia. Tests taken at prenatal visits: weight checks, blood pressure monitoring and analyzing your urine are all done to screen for preeclampsia.
- As with any pregnancy, a healthy diet of fresh foods full of protein, vitamins, antioxidants and minerals is important. Cutting back on processed foods, refined sugars, and eliminating caffeine, alcohol and any medication not prescribed by a physician is also important.
- Know your baseline blood pressure (your blood pressure prior to pregnancy) and learn what it means. High blood pressure is defined as blood pressure of 140/90 or greater.

When preeclampsia develops, both mother and baby are monitored carefully. Most women with preeclampsia still deliver healthy babies. However, it is important to know that often women diagnosed with preeclampsia do not feel sick. Many signs and symptoms of preeclampsia are similar to other "normal" effects of pregnancy on your body. Early diagnosis and frequent evaluation by your prenatal care provider are the best ways to ensure a good outcome.



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