Preeclampsia

Preeclampsia is a condition that happens while you are pregnant and most often goes away after delivery. Symptoms may include severe swelling, high blood pressure, and protein in your urine. Preeclampsia may also be called toxemia, high blood pressure of pregnancy, or pregnancy induced hypertension.

Causes of preeclampsia
The cause of preeclampsia is not known, but there are known risk factors. Risk factors for preeclampsia include:

- Diabetes
- Obesity
- Chronic high blood pressure
- Kidney disease
- Being African American
- Expecting 2 or more babies
- First pregnancy
- First pregnancy with a new partner
- Mothers and/or sisters had the disease
- Had preeclampsia with a past pregnancy
- Being age 17 or younger or 35 and older

Signs of preeclampsia
Preeclampsia begins at conception, but signs often do not show until after 20 weeks of pregnancy. You or your health care provider may notice these signs:

- Protein in your urine
- Rise in blood pressure
- Low urine output
- Swelling in your feet, face, eyes, or hands
- Weight gain of more than 2 pounds per week

More severe signs are:

- Severe headache
- Breathing problems
- Seizures (convulsions)

- Severe heartburn
- Blurry vision or seeing spots
- Severe abdominal pain, with nausea and vomiting

If you notice any of these signs, call your health care provider right away. Do not wait until your next scheduled appointment.
Treatment

Treatment for this condition is very important for your health and the health of the baby. For example, your baby may not grow well because your body is not able to supply enough oxygen and food. In severe cases, it may cause the baby’s death. Treatment can change as the condition gets worse. Be sure to keep all your appointments so your health care provider can monitor your health.

• If you are at risk for preeclampsia, your doctor may ask you to take 1 baby aspirin per day
• If you have a rise in blood pressure or have swelling, your doctor will have you rest often. If resting often does not lower your blood pressure and decrease swelling, you will need to remain at home.
   ‣ Take rest periods often lying on your side. Rest or nap for 1 to 2 hours mid-morning and 1 to 2 hours mid-afternoon.
   ‣ Eat well-balanced meals that include high-protein foods such as meats, fish, eggs, peanut butter, milk, and beans. Foods high in protein will help increase nutrition to your baby. Ask your health care provider or dietitian if you have questions.
   ‣ Drink plenty of fluids such as water, juices and milk.
• If doing less activity and rest does not improve your symptoms, you may be admitted to the hospital for medicine and to be watched more closely.
• If preeclampsia continues to become worse, the doctor may suggest that delivery of the baby is needed.
• You may be given medicine such as magnesium sulfate to decrease your risk of seizures. You may be at risk for developing preeclampsia with future pregnancies.

Preeclampsia after delivery

For most women, preeclampsia ends with delivery and blood pressure returns to normal within days. In some cases, often within 48 hours of childbirth, a woman with preeclampsia still has a blood pressure that is very high. Blood and urine tests may be done often to monitor her health. Medicines may be given to lower blood pressure and to prevent seizures. Rarely, preeclampsia happens 4 to 6 weeks after delivery, called late term postpartum preeclampsia.

If you have been at risk for preeclampsia and do not feel well, contact your health care provider right away. Do not wait until your postpartum visit to be seen.