



the women's
the royal women's hospital
victoria australia

EXPLAINING PREECLAMPSIA

Preeclampsia

- Most common serious medical complication of pregnancy.
- Causes a number of problems for both mother and baby.
- Symptoms are not always obvious.
- Never miss an antenatal appointment because these check-ups can pick up early signs of preeclampsia.

Explaining preeclampsia

Preeclampsia is an illness that occurs during or immediately after pregnancy. It can affect both mother and baby. The cause of preeclampsia is not clear. It can develop very quickly. The main features are high blood pressure and the presence of protein in the urine.

While swelling, weight gain and headaches can be present in any pregnancy, they can also be warning signs that you have preeclampsia, especially if the symptoms develop suddenly. Sudden blurred vision is also a symptom. You can develop preeclampsia without experiencing any symptoms at all.

One in ten pregnancies will be affected by preeclampsia. It usually occurs in the second half of pregnancy and can sometimes develop in the days after the baby is born. It is more common in first pregnancies.

The following symptoms could possibly indicate preeclampsia:

- persistent headaches that are unrelieved by over the counter medications
- blurred vision
- significant or sudden swelling of hands, face or feet.

If you experience any of these symptoms and are concerned go to the Women's Emergency Care or your nearest hospital emergency department.

Predicting preeclampsia

In pregnant women showing signs of preeclampsia, a new test called the Preeclampsia Ratio Test (PERT), which measures proteins released from the placenta, can help identify who will and who will not go on to develop preeclampsia.

How mother and baby are affected

A mother can develop problems with her circulation, causing damage to the placenta. This shows up as high blood pressure, protein in the urine and swelling.

For most women the illness remains mild but in some cases it can become serious. It can also affect other parts of the body such as the liver and the blood clotting system (HELLP Syndrome) and can also lead to convulsions (Eclampsia).

Preeclampsia can get worse very quickly which is dangerous for both mother and baby.

The poor blood supply from the mother to the placenta limits the baby's supply of nutrients and oxygen. This can reduce the baby's ability to grow.

Cure/Treatments

If you remain pregnant, drugs may be used to control your blood pressure and prevent convulsions.

If your preeclampsia becomes severe, the cure is to deliver the baby and placenta.

If this occurs early in the second half of pregnancy it puts baby at risk of complications of extreme prematurity.

Subsequent pregnancies

The risk of preeclampsia recurring in subsequent pregnancies is usually small, especially if low dose aspirin (100mg–150mg taken at night) is commenced in the first trimester of a subsequent pregnancy. This risk is increased however in women with chronic medical disorders such as essential hypertension (high blood pressure), kidney disease, diabetes, or lupus.

For more information

For general health information you can contact:

Women's Welcome Centre

Royal Women's Hospital

T: (03) 8345 3037 or 1800 442 007 (rural callers)

E: wwcadmin@thewomens.org.au

Or visit the Women's website www.thewomens.org.au

This brochure was produced in partnership with **Australian Action on Preeclampsia (AAPEC)**.

AAPEC is a voluntary organisation set up to provide support and information to families who have suffered from preeclampsia.

- AAPEC P.O. Box 29 Carlton South Vic. 3053 Australia
- For a preeclampsia info pack email: info@aapec.org.au
- AAPEC website enquiries www.aapec.org.au