

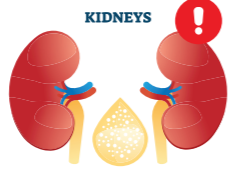


PREECLAMPSIA

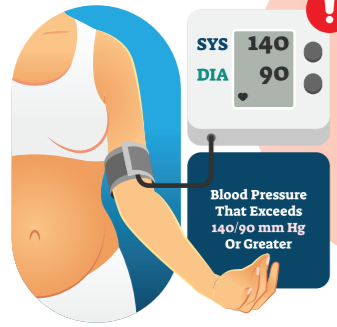
PREECLAMPSIA is a Pregnancy Complication Characterized by **HIGH BLOOD** Pressure and Signs of **DAMAGE** to Another Organ System, Most Often the **LIVER** and **KIDNEYS**



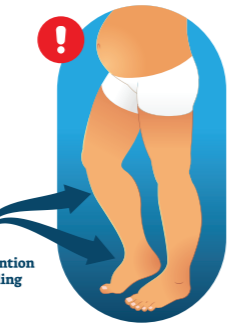
HELLP Syndrome
Breakdown of Red Blood Cells and Complications With Liver



PROTEINURIA
Protein in Urine. The Condition is Often a Sign of Kidney Disease



Blood Pressure That Exceeds 140/90 mm Hg Or Greater



Water Retention and Swelling

OTHER SYMPTOMS



Severe Headaches



Changes in Vision



Upper Abdominal Pain



Nausea or Vomiting



Decreased Urine Output



Shortness of Breath



PLEASE SCAN FOR THE LOCATION

Aster HOSPITAL

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Mankhool, Kuwait Road, Al Mankhool - Dubai

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PREGNANCY INDUCED HYPERTENSION/ PRE-ECLAMPSIA

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Digital Version



WHAT IS PRE-ECLAMPSIA?

Pre-eclampsia is a condition that typically occurs after 20 weeks of pregnancy. It displays in a combination of:

- Raised blood pressure (hypertension)
- Protein in your urine (proteinuria).
- Ankle swelling

THE EXACT CAUSE OF PRE-ECLAMPSIA IS NOT UNDERSTOOD.

Often there are no symptoms and it may be picked up at your routine antenatal appointments when you have your blood pressure checked and urine tested.

WHY DO I NEED TO KNOW IF I HAVE PRE-ECLAMPSIA?

Pre-eclampsia is common, affecting

between two to eight in 100 women during pregnancy. It is often mild and has little effect on pregnancy. However, it is important to know if you have the condition because, in a small number of cases, it can develop into a more serious illness. Severe preeclampsia can be life-threatening for both mother and baby.

Around one in 200 women (0.5%) develop severe pre-eclampsia during pregnancy. The symptoms tend to occur later on in pregnancy but can also occur for the first time only after birth.

THE SYMPTOMS OF SEVERE PRE-ECLAMPSIA INCLUDE:

- Severe headache that doesn't go away with simple painkillers
- Problems with vision, such as blurring or flashing before the eyes

- Severe pain just below the ribs, right upper abdominal pain
- Heartburn that doesn't go away with antacids
- Rapidly increasing swelling of the face, hands or feet
- Feeling very unwell.
- Decreased urine output

HOW MAY PRE-ECLAMPSIA AFFECT MY BABY?

Pre-eclampsia affects the development of the placenta (afterbirth), hence affecting the blood supply to the growing fetus, which may prevent your baby from growing as it should. There may also be less fluid around your baby in the womb.

If the placenta is severely affected, your baby may become very unwell. In some cases, the baby may even die in the womb. More often monitoring or admission to hospital for monitoring of the mother and fetus is required in severe preeclampsia.

IMPORTANCE OF FETAL MOVEMENTS

- Get into the habit of counting the movements at a particular time every day, for example, immediately after breakfast, lunch and dinner.
- If you can count three movements in an hour, three times a day, it indicates that baby is doing well.
- Sometimes when the baby is in distress the first signal it gives out to the mother is reduced fetal movements.

WHO IS AT RISK OF PRE-ECLAMPSIA AND HOW CAN IT BE PREVENTED?

The importance of other factors is less clear-cut, but you are more likely to develop pre-eclampsia if more than one of the following applies:

- This is your first pregnancy

- You are aged 40 or below 20 years
- Your last pregnancy was more than 10 years ago
- You are very overweight – a BMI (body mass index) of 35 or more
- Your mother or sister had pre-eclampsia during pregnancy
- You are carrying more than one baby.

If you have more than one of these risk factors, you may be advised to take low-dose aspirin from 12 weeks of pregnancy till delivery.

HOW IS PRE-ECLAMPSIA MONITORED?

If you are diagnosed with pre-eclampsia, you would need to attend hospital vigilantly.

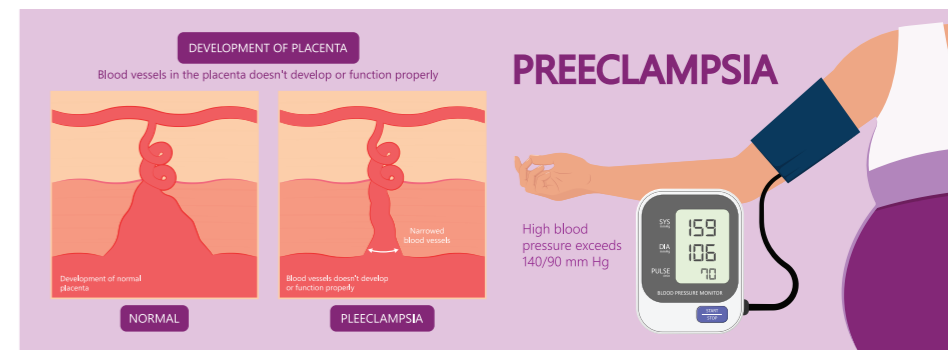
While you are at the hospital, your blood pressure would be measured regularly, and you may be offered medication to help lower it. Your urine would be tested to measure the amount of protein it contains, and you will also have blood tests done. Your baby's heart rate will be monitored, and you may have ultrasound scans to measure your baby's growth and wellbeing.

WHAT HAPPENS NEXT?

You will continue to be monitored closely to check that you can safely carry on with your pregnancy. This may be done on an outpatient basis if you have mild pre-eclampsia. You are likely to be advised to deliver your baby at about 37 weeks of pregnancy, or earlier if there are concerns about you or your baby. This may mean you will need to have labor induced or, if you are having a caesarean section, to have it earlier than planned.

WHAT HAPPENS AFTER THE BIRTH?

Pre-eclampsia usually goes away after birth. However, if you have severe pre-



eclampsia, complications may still occur within the first few weeks and so you will continue to be monitored closely. You may need to continue taking medication to lower your blood pressure.

If your baby has been born early or is smaller than expected, he or she may need to be monitored.

You may need to stay in the hospital for several days. When you go home, you will be advised on how often to get your blood pressure checked and for how long to take your medication.

You should have a follow-up with your doctor 6–8 weeks after birth for a final blood pressure and urine check.

WILL I GET PRE-ECLAMPSIA IN A FUTURE PREGNANCY?

Overall, one in six women who have had pre-eclampsia will get it again in a future pregnancy

One in two women will get pre-eclampsia in a future pregnancy if their baby needed to be born before 28 weeks of pregnancy

One in four women will get pre-eclampsia in a future pregnancy if their baby needed to be born before 34 weeks of pregnancy

You should be given information about the chance, in your individual situation, of getting pre-eclampsia in a future

pregnancy and about any additional care that you may need. It is advisable to contact your doctor as early as possible once you know you are pregnant again.

COMPLICATIONS OF PRE-ECLAMPSIA

Some women may face severe complications in pre-eclampsia referred to as severe pre-eclampsia seen in very few patients.

- Seizures (fits) called as Eclampsia
- Multiple organ damage e.g. kidney, liver, lung, heart etc.
- Post-partum bleeding
- HELLP syndrome etc.

Hence severe pre-eclampsia patients need hospital stay for prolonged duration and multidisciplinary approach by ICU doctors/gynecologist and general physician.