

Pre-Eclampsia

Information for pregnant women

**Tena koutou katoa, Kia orana, Talofa lava, Malo e lelei, Fakaalofa lahi atu, Taloha Ni, Ni Sa
Bula Vinaka,
Greetings and Welcome to National Women's**

What Is Pre-eclampsia?

Pre-eclampsia is a condition that occurs only in pregnancy, most commonly antenatally, but can occur up to 2-3 weeks postnatally. Pre-eclampsia may also be referred to as GPH (Gestational Proteinuric Hypertension), PIH (Pregnancy Induced Hypertension) or toxaemia.

The exact cause of Pre-eclampsia is unknown but it occurs in approximately 10% of pregnancies. It usually occurs late in pregnancy but may occur as early as 20 weeks.

It is more common in women:

- having their first baby
- having their first baby to a new partner
- with a previous history of high blood pressure
- with diabetes
- having a multiple birth
- with a family history of Pre-eclampsia

What are the signs of Pre-eclampsia?

Women don't necessarily feel unwell or have symptoms they notice. This is why urine and blood pressure are checked regularly, as an increase in blood pressure and protein in the urine can be early signs of Pre-eclampsia. The following is a list of signs and symptoms associated with Pre-eclampsia:

- High Blood pressure
- Protein in the urine
- Headaches
- Visual disturbances (eg. lights in front of eyes/blurring of vision)
- Excessive swelling
- Pain in upper abdomen
- Nausea
- Brisk reflexes

In Pre-eclampsia the blood vessels narrow and increase their resistance to normal blood flow causing blood pressure to rise. This results in a decreased supply of blood to the

organs of the body. The brain, kidneys and liver can be affected. In severe cases this can lead to convulsions, kidney and liver failure. Such cases are very rare in New Zealand today.

How can pre-eclampsia affect the baby?

The increased blood pressure and narrowing of the blood vessels affects the placenta and can decrease the supply of food and oxygen to the baby. This can result in reduced fetal growth and very occasionally early separation of the placenta from the uterine wall.

How is Pre-eclampsia treated?

Treatment and checks will depend on the severity of the symptoms. Women who develop hypertension (raised blood pressure) during their pregnancy but who do not have protein in their urine are usually followed up out of hospital. Blood pressure and urine is regularly checked.

Women who develop Pre-eclampsia may need to be in hospital and will need close monitoring. The aim is to keep the condition stable so that optimal growth of the baby can occur.

Treatment usually includes:

- Frequent monitoring of blood pressure, urine checks and blood tests.
- Frequent monitoring of the wellbeing of the baby.
- Rest as this can help lower blood pressure.
- Medication may be given to help lower blood pressure

In cases of severe Pre-eclampsia:

The only treatment for severe Pre-eclampsia is delivery of the baby. This may be necessary even though the baby is not full-term.

What can I do?

- Ensure you attend all of your regular appointments with your LMC
- Be aware of signs of Pre-eclampsia and contact your midwife or doctor immediately if they occur.
- Rest as much as possible
- Remember to always be aware of your baby's movements and fill in the baby movement chart.

If you have any concerns about yourself or the wellbeing of your baby, contact the midwife, doctor or clinic providing your pregnancy care.

After hours you can contact the Women's Assessment Unit at National Women's - phone 307 4949 extn. 25900