What can I do?

- Attend all of your regular appointments with your Lead Maternity Carer.
- Be aware of signs of pre-eclampsia and contact your midwife or doctor straight away 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.



<u>Pregnancy and Early Family Care -</u> Auckland DHB

The National Women's Health website has good, accurate and up to date information which you may find helpful.

nationalwomenshealth.adhb.govt.nz



Pre-eclampsia Pēhanga toto I te hapūtanga

Tena koutou katoa | Kia orana | Talofa lava Malo e lelei Fakaalofa lahi atu | Taloha Ni Ni Sa Bula Vinaka 欢迎 | こんにちは | اب حرم | Greetings and Welcome



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What is pre-eclampsia?

Pre-eclampsia is a serious condition that can affect both you and baby. The main features of pre-eclampsia are high blood pressure and signs of damage to organs.

- Pre-eclampsia only happens in pregnancy. It usually occurs later in pregnancy, but can happen as early as 20 weeks and sometimes up to 2 to 3 weeks after birth.
- The cause of pre-eclampsia is unknown, but it occurs in around 10% of pregnancies.

It is more common in women:

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

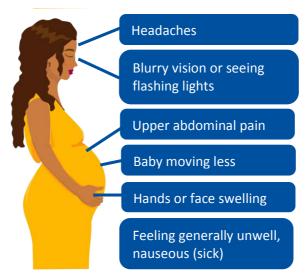
What happens

In pre-eclampsia, the blood vessels narrow and make it harder for blood to flow. This causes blood pressure to rise. This results in less blood reaching the organs of the body. The brain, kidneys and liver can be affected.

Symptoms of pre-eclampsia

Women don't necessarily feel unwell or have symptoms they notice. This is why your 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.

Warning symptoms you might notice include:



Risks of pre-eclampsia

Risks to you:

- damage to your liver or kidneys
- a chance of severe bleeding from your placenta
- a greater chance of having a stroke
- developing eclampsia (having seizures)

Risks to baby:

- slowed growth
- an increased risk of being bore before 37 weeks (premature birth)
- an increased chance of stillbirth

Treating pre-eclampsia

Once you have developed pre-eclampsia, you will have it until after your baby is born. 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 best growth of the baby can happen.

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.

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.

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.