

Preeclampsia and Eclampsia



Prevention and Health Education Unit
Prepared by Licensed Health Educators

Objectives

Knowing the difference between preeclampsia and eclampsia.

List at least 3 symptoms of preeclampsia and eclampsia.

Describe some treatments used in preeclampsia and eclampsia.

What is Preeclampsia?



- Preeclampsia is a condition characterized by high blood pressure and signs of organ damage, mainly the liver and kidneys.
- It usually appears after the 20th week of pregnancy.
- It is rare, but it can also occur after delivery, within the first 48 hours. This condition is called postpartum preeclampsia.

Causes

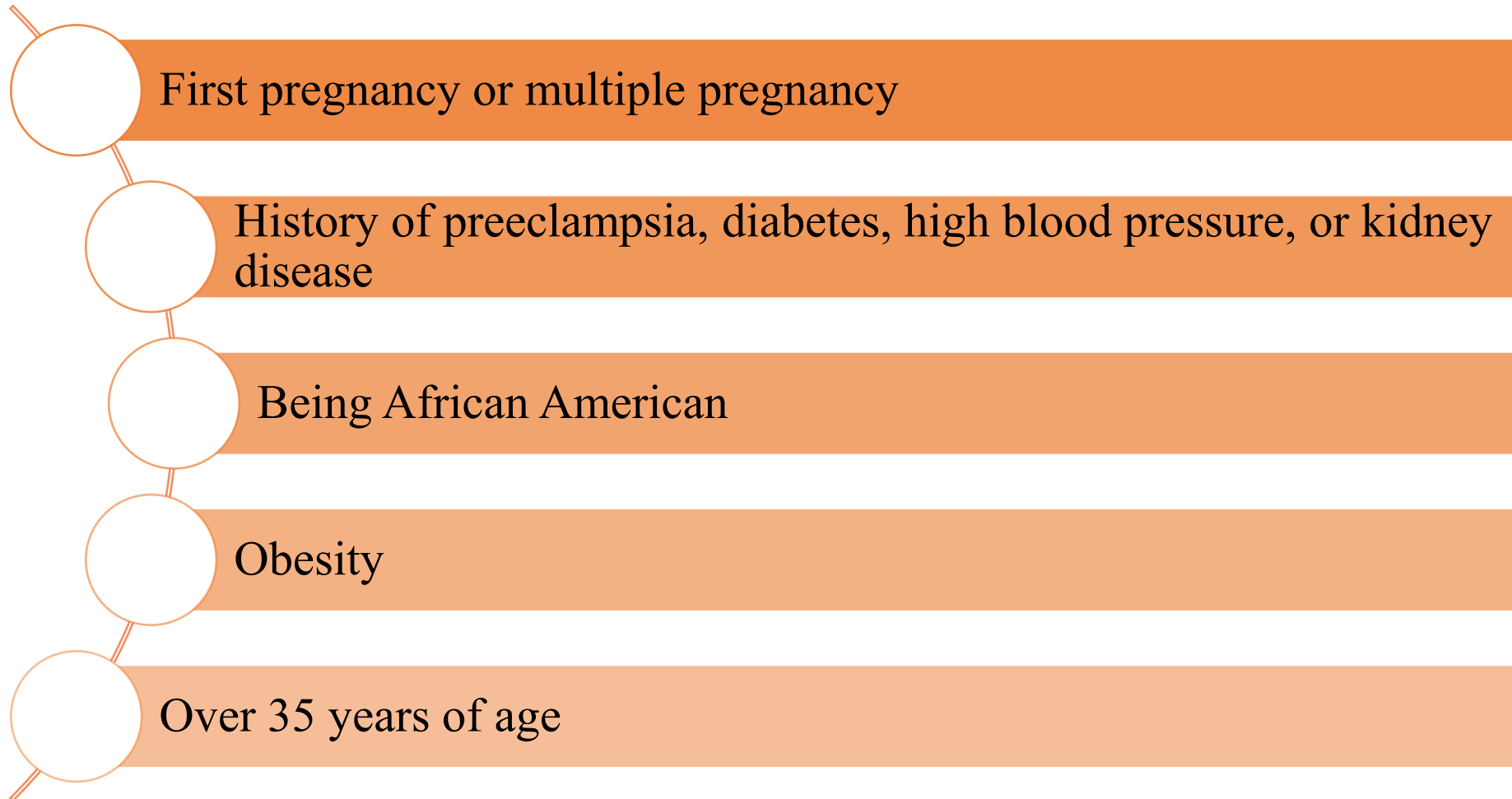
The exact cause of preeclampsia is unknown. It affects approximately 3%–7% of pregnancies and is thought to be caused by abnormal development of the placenta.

Factors that can lead to preeclampsia developing:

- Autoimmune disorders such as lupus
- Vascular problems
- Your diet
- Your genes



Risk factors



Symptoms:



Swelling of hands and feet



Urinating less often than usual

Sudden weight gain over a period of 1 to 2 days.



Feeling dizzy or fainting



Headaches that don't go away



Nausea or vomiting

Difficulty breathing



Vision changes, including temporary vision loss



Diagnosis

The healthcare provider will perform a physical exam, which may show:

- High blood pressure, usually 140/90 mm Hg or higher
- Swelling in the hands and face
- Sudden weight gain

In addition, blood and urine tests will be ordered, which may reveal:

- Elevated liver enzymes
- Decreased platelet count
- High blood creatinine levels (impaired kidney function)
- Increased uric acid in the blood

It is important to note that women who begin pregnancy with normal or low blood pressure and later experience a significant increase in blood pressure require **close monitoring** to detect other signs of preeclampsia.



Treatment

- Preeclampsia usually heals 6 weeks after the baby is born.
- It may persist longer or even start after delivery. Almost always, at 37 weeks, your baby is sufficiently developed to be born healthy.
- The provider will probably want the baby to be born so that the preeclampsia does not get worse. Medications will be given to help induce labor.
- If the baby is not fully developed and you have mild preeclampsia, the disease will be managed until your baby has matured.
- The provider will recommend:
 - Frequent visits to the provider to check that you and your baby are doing well.
 - Medicines to lower blood pressure (in some cases).



Treatment cont.



- Sometimes, a pregnant woman with preeclampsia requires hospitalization, which allows the health care team to monitor both mother and baby more closely.
- **Treatment in the hospital may include:**
 - Careful supervision of mother and baby
 - Medications to control blood pressure and prevent seizures and other complications.
 - Steroid injections for pregnancies less than 34 weeks gestation to help speed up the development of the baby's lungs.

Possible Complications

Immediate but uncommon serious complications for the mother may include:

Bleeding problems

Seizures (eclampsia)

Fetal growth retardation

Premature separation of the placenta from the uterus before the baby is born (placental abruption)

Rupture of the liver

Stroke

Death (rarely)

Possible Complications

Experiencing preeclampsia increases a woman's likelihood of facing future health complications such as:

Heart disease

Chronic high blood pressure

Kidney disease

Diabetes

Prevention

Medicine:

If your doctor thinks it is appropriate, to prevent preeclampsia, he or she may prescribe low-dose aspirin.

It's important to talk to your health care provider before taking any medications, vitamins, or supplements to see if they're safe for you.

Lifestyle and healthy choices:

Talk to your health care provider about managing conditions that increase your risk of preeclampsia.



What is Eclampsia?



It is the beginning of seizures or coma in a pregnant woman with preeclampsia. These seizures are not related to an existing brain condition.

Causes

- Eclampsia is a serious and life-threatening complication of hypertensive disorders of pregnancy, characterized by the sudden onset of seizures with no other neurological causes.
- This complication can occur before, during, or after delivery, with the greatest risk during the first week postpartum.



Risk factors

Women who are at elevated risk for seizures typically have severe preeclampsia, accompanied by signs and symptoms such as:

- Abnormal blood tests
- Headache
- Very high blood pressure
- Changes in vision
- Abdominal pain

Symptoms:



Seizures

Intense agitation



Loss of consciousness



Confusion



Diagnosis

Your doctor will conduct a physical examination to identify potential causes of your seizures and will routinely monitor your blood pressure and breathing.

Blood and urine tests may be done to check:

Blood clotting
factors

Blood creatinine

Hematocrit

Uric acid

Liver function

Platelet count

Protein in urine

Hemoglobin level

Treatment

- Delivering the baby is the main treatment to prevent severe preeclampsia from progressing to eclampsia. Allowing the pregnancy to continue can be dangerous for both you and the baby.
- You may be given medicines to prevent seizures. These medicines are called anticonvulsants.
- Your provider may give you medicines to lower high blood pressure. If your blood pressure remains high, delivery may be necessary, even if it's before the baby's due date.



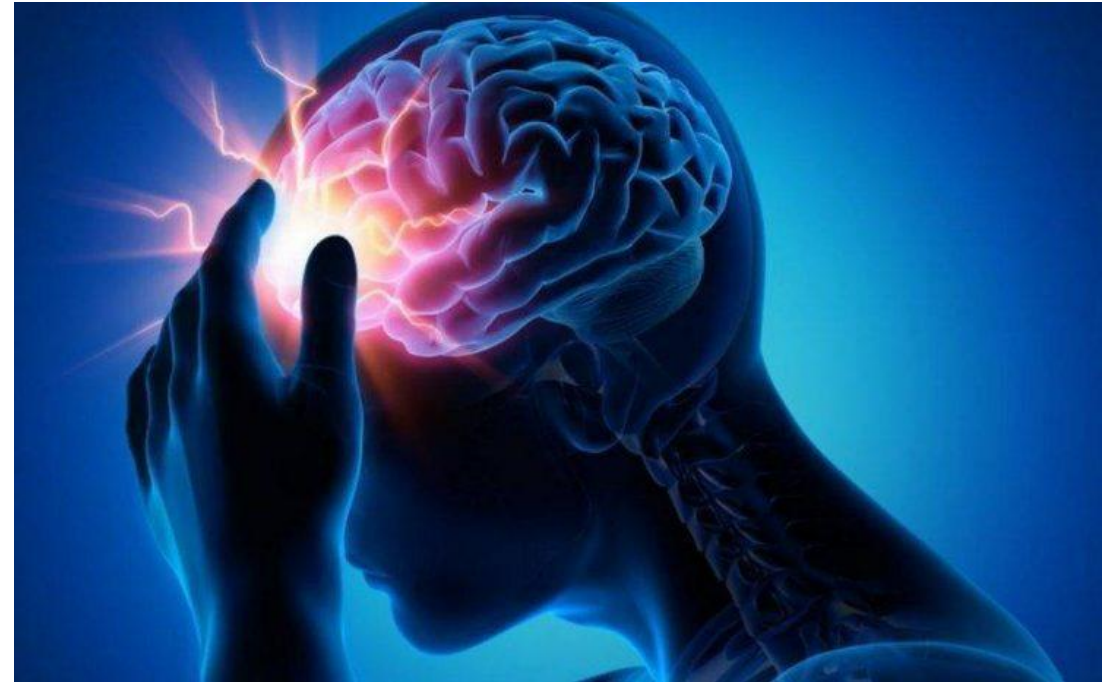
Possible Complications

Women with eclampsia or preeclampsia have an increased risk of:

Placental separation (placental abruption)

Preterm birth leading to complications in the baby

- Blood clotting problems
- Stroke
- Death of the baby
- Maternal death



Prevention

Prevention of eclampsia focuses on early identification and proper management of preeclampsia.

Some key measures include:

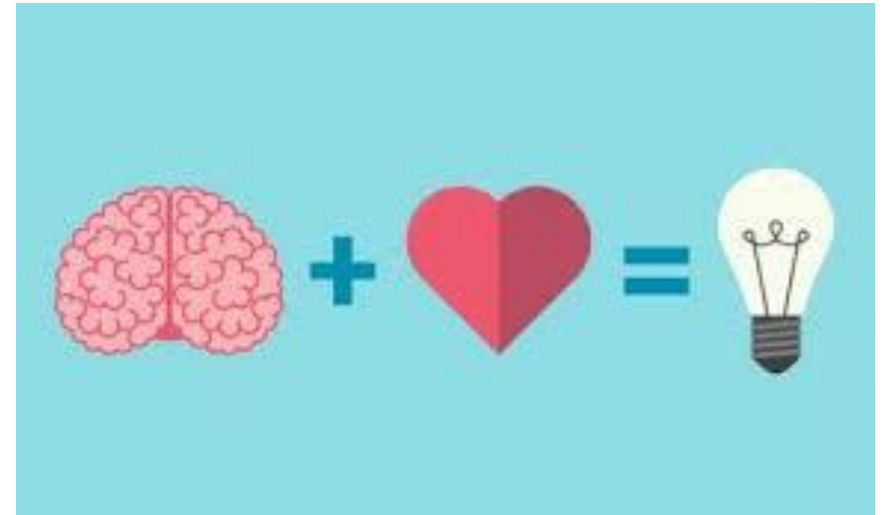
Regular blood pressure monitoring and urinalysis during prenatal visits.

- Administration of low-dose aspirin to women at high risk of preeclampsia.
- Calcium supplementation in women with diets deficient in this mineral.
- Educating patients about warning signs, such as severe headache and visual disturbances.



Social and Emotional Aspect

For tips, tools, and resources on how you and your family can cope with the emotional and physical concerns that arise during and after your medical treatment, please visit your primary care physician or call the following phone lines.



Available Service Lines

Medical Advice Line

24 hours a day / 7 days a week


1-844-347-7801

TTY/TDD: 1-844-347-7804

Customer Service

1-844-347-7800

TTY/TDD: 1-844-347-7805




Doubts



Questions



References

- <https://medlineplus.gov/spanish/ency/article/000898.htm>
 - <https://nacersano.marchofdimes.org/embarazo/preeclampsia.aspx>
 - <https://medlineplus.gov/spanish/ency/article/000899.htm>
 - <https://www.cun.es/chequeos-salud/embarazo/eclampsia>
- 

Thank
you!



¿Ayuda con su Plan de Salud del Gobierno?



ADMINISTRACIÓN DE SEGUROS DE SALUD DE PUERTO RICO



Línea libre de cargos
1-800-981-2737
TTY 787-474-3389