

Preeclampsia

Definition

Preeclampsia is high blood pressure and protein in the urine that develops after the 20th week of pregnancy.

Alternative Names

Toxemia; Pregnancy-induced hypertension

Causes

The exact cause of preeclampsia is not known. Possible causes include:

- Autoimmune disorders
- Blood vessel problems
- Diet
- Genes

Preeclampsia occurs in a small percentage of pregnancies. Risk factors include:

- African-American heritage
- First pregnancy
- Multiple pregnancies
- Older than age 35
- Past history of diabetes, high blood pressure, or kidney disease

Symptoms

Symptoms of preeclampsia can include:

- Headaches
- Swelling of the hands and face (edema)
- Weight gain
 - More than 2 pounds per week
 - Sudden weight gain over 1 - 2 days

Note: Some swelling of the feet and ankles is considered normal with pregnancy.

Other symptoms that can occur with this disease:

- Abdominal pain
- Agitation
- Decreased urine output
- Nausea and vomiting
- Vision changes

Exams and Tests

- Increase in blood pressure
- Elevated liver function tests
- Platelet count less than 100,000 (thrombocytopenia)
- Protein in the urine (proteinuria)

Sudden weight gain



High blood pressure



Edema



ADAM.

- Swelling in the upper body
- Weight gain

Treatment

The only way to cure preeclampsia is to deliver the baby. However, if that delivery would be very early (premature), the disease can be managed by bed rest, close monitoring, and delivery as soon as the fetus has a good chance of surviving outside the womb.

Patients are usually put in the hospital, but sometimes can be managed at home with careful monitoring of blood pressure, urine, and weight.

Ideally, the condition can be managed so that the mother can deliver after the 37th week of pregnancy.

Labor may be induced if any of the following occur:

- Abdominal pain
- Abnormal biophysical profile (a test to monitor the health of the fetus)
- Abnormal liver function tests
- Diastolic blood pressure greater than 100 mmHg consistently for a 24-hour period, or any confirmed reading over 110 mmHg
- Eclampsia
- Failure of the fetus to grow (found on ultrasound)
- Fluid in lungs (pulmonary edema)
- HELLP syndrome
- Low platelet count (thrombocytopenia)
- Persistent or severe headache
- Rising serum creatinine

In cases of severe preeclampsia when the pregnancy is between 32 - 34 weeks, delivery is the treatment of choice. For pregnancies less than 24 weeks, inducing labor is recommended, although the likelihood that the fetus will survive is very small.

Prolonging pregnancies has been shown to lead to problems for the mother in most cases. Infant death also can occur. Pregnancies between 24 - 34 weeks are a "gray zone." The medical team and parents may delay delivery to allow the fetus to mature.

During this time, the mother is treated with steroid injections, which help speed the maturity of some fetal organs, including the lungs. The mother and baby are closely monitored for complications.

When labor and delivery are induced, the mother gets medication to prevent seizures and to keep blood pressure under control. The decision to have a vaginal delivery versus cesarean section is based on how well the fetus is able to tolerate labor.

Outlook (Prognosis)

Death of the mother from preeclampsia is rare in the U.S. Fetal or perinatal deaths are high early in the pregnancy, and generally decrease as the fetus matures. There is a risk of having preeclampsia again in later pregnancies. Preeclampsia does not appear to lead to chronic high blood pressure.

Possible Complications

Preeclampsia can develop into eclampsia. Complications can occur if the baby is delivered prematurely.

When to Contact a Medical Professional

Call your health care provider if you have symptoms of preeclampsia during your pregnancy.

Prevention

Although there is no known way to prevent preeclampsia, it is important for all pregnant women to start prenatal care early and continue it through the pregnancy. This allows the health care provider to find and treat conditions such as preeclampsia early.

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