**Patient information**

 **Preeclampsia**

**What is preeclampsia?** Preeclampsia is a condition that may arise during pregnancy and 3-4% of all pregnant women will develop this condition in varying degrees. The reason behind preeclampsia is not fully understood, but is probably linked to our immune system. The foetus is perceived as "foreign" to the body, and this can trigger adverse processes. The disease process itself starts in early pregnancy, but is discovered later on by findings such as protein in the urine and high blood pressure

This disease can very rarely lead to convulsions, this is known as eclampsia.

In other cases the liver may be affected causing stomach pains and abnormal blood test findings (such as low blood count and reduced number of blood platelets). This is called HELPP Syndrome, and is a form of preeclampsia.

**How do I know if I have preeclampsia?** As mentioned previously, preeclampsia shows up by causing high blood pressure and protein in the urine. These things are routinely checked at every antenatal check-up, so that abnormal development may be detected.

It is vital that these things are checked routinely, as pregnant women suffering from preeclampsia usually experience few symptoms. Some suffer from swelling/excess fluid in the body. Other possible symptoms may be headaches, problems with sight, stomach pains, shortness of breath, or nausea and vomiting.

It is difficult to predict who will get preeclampsia, but some women are more at risk than others:

* first pregnancies, especially the "young" and the "older" mothers
* twin pregnancies
* diabetic women
* women who have high blood pressure prior to pregnancy
* women who have kidney disease
* women who have previously had serious preeclampsia or very small babies (delayed growth) (Most women who have had preeclampsia do not get it in their next pregnancy!)
* women with certain connective tissue diseases e.g. Lupus
* women who are overweight (BMI >26)

**Is there any treatment for preeclampsia?** There is no treatment for the disease itself. Most women will be admitted to hospital for observation and are recommended to take it easy. Medication for high blood pressure can be given if necessary. The baby is monitored with CTG (heart rhythm monitoring), ultrasound, and possibly blood flow measurements. Recovery occurs in the course of the first days/weeks after giving birth. Some may need blood pressure regulating medication for a while after the birth.

**What does this mean for my baby and me?** Most who suffer from preeclampsia become ill towards the end of the pregnancy, and it is mainly the mother who becomes ill.A small number fall ill in early pregnancy, and then there is a greater risk that the baby may not grow sufficiently, and may be born prematurely.

If you are close to your due date the treatment will often be to induce the birth (start the birth artificially with medication). If you are in early pregnancy, then a balanced assessment will consider how the disease is affecting mother and child, and whether the child will be born prematurely. In this type of situation an assessment will often be made on a day-to-day basis.

**Can I give birth normally?** Most women suffering form preeclampsia can give birth normally. In many instances the birth will be induced. An epidural anaesthetic is often recommended as this has a favourable effect on blood pressure. In some cases (especially in earlier stages of pregnancy and when the child is affected by the disease) a caesarean section must be carried out. This is normally done under a spinal anaesthesia (in the back) so that the mother can be awake.

**What about my next pregnancy?** Most women do not experience preeclampsia in their next pregnancy.

Those who have serious preeclampsia in early pregnancy do however have an increased risk of becoming ill again. They should, therefore, have blood tests after the pregnancy and must have extra follow-up at the hospital/maternity outpatient's clinic during any new pregnancies. Some may need to use Albyl-e (blood thinning medication) during their next pregnancy, as a preventative measure.

**Will the disease have any impact on me in later in life**? Those who suffer from serious preeclampsia do have an increased risk of developing cardiovascular disease later in life.This means that you should make conscious decisions about your lifestyle choices, not smoke, and follow general advice for diet and physical activity.

**Welcome to the Women's Clinic**

Stavanger University Hospital

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[Siter kilden din her.]

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