

## Is it possible to stay at home?

Sometimes, some women with gestational hypertension may be allowed to stay at home, but some rest is often recommended for the remainder of the pregnancy. If your health care provider decides that it is safe for you to be at home, you will probably need to be **checked closely** with more frequent visits with him/her. **Blood and urine tests** may be done to make sure that the condition is not getting worse. The well-being of your baby may also be checked frequently with **heart monitoring** (recording of the heart beat for a few minutes to a few hours) and **ultrasounds**.

## Are any medications used to treat PRE-ECLAMPSIA?

Occasionally, medications can be given to **decrease blood pressure** if it is too high. These medications rarely cause any side effects to the mother or to the baby.

Sometimes, **magnesium sulfate**, given by IV (a tube in a vein), is recommended to women with severe pre-eclampsia during labor or after delivery to prevent seizures, one of the rare but possible risks of pre-eclampsia. It is safe for the baby.

## If I get PRE-ECLAMPSIA, what can I do to help myself and my baby?

The best way that you can help yourself and protect your baby's health is to carefully follow your health care provider's advice about rest, blood and urine tests, and medications. **Appointments should never be delayed or missed** because pre-eclampsia can change rapidly.

## When will the PRE-ECLAMPSIA symptoms go away?

For most women, the symptoms of pre-eclampsia will usually go away as soon as the baby is delivered, but high blood pressure and abnormal blood/urine tests may continue for up to three months. Sometimes, more frequent follow up visits with your health care provider may be needed. If symptoms come back in the days after delivery, you should report it to your health care provider rapidly.

## Can PRE-ECLAMPSIA be prevented or avoided?

The best way to prevent problems related to pre-eclampsia is to have **regular prenatal care** and to **report any of the symptoms** outlined in this document to your health care provider as soon as they occur. This is especially true if it is your first pregnancy, if you have had pre-eclampsia in a previous pregnancy or have some of the risk factors mentioned in this pamphlet (see "Am I at risk for pre-eclampsia?").

An adequate **calcium** intake (3-4 portions of dairy products per day) may reduce the risk of pre-eclampsia and is recommended for all pregnant women. If your health care provider thinks you are at high risk of pre-eclampsia from the beginning of the pregnancy, low dose **Aspirin®** (80 mg per day) may sometimes be recommended.

If you have any questions about pre-eclampsia or hypertension in pregnancy, speak with your health care provider at your next visit.

CENTRE DE RECHERCHE



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## SUMMARY

# Preeclampsia

### What is it?

Preeclampsia is a serious disease related to high blood pressure. It can happen to any pregnant woman.

### Risks to you

- Seizures
- Stroke
- Organ damage
- Death

### Risks to your baby

- Premature birth
- Death

### Signs of PREECLAMPSIA



Stomach pain



Headaches



Feeling nauseous; throwing up



Seeing spots



Swelling in your hands and face



Gaining more than 5 pounds in a week

### What should you do?

Call or go to your doctor/nurse/midwife right away. Finding preeclampsia early is important for you and your baby.

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# Pre-eclampsia, my baby and me

**PRE-ECLAMPSIA** is a poorly understood condition that happens only **during pregnancy**. It usually appears after the fifth month of pregnancy or in the days that **follow delivery**. Pre-eclampsia causes **high blood pressure** and may affect other organs in the mother (kidneys, liver, brain) and sometimes the placenta.

Take charge of your baby's health and your own!



Watch the video!

Pre-eclampsia, my baby and me

[www.youtube.com/user/CHUSherbrooke](http://www.youtube.com/user/CHUSherbrooke)

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Québec

## What causes PRE-ECLAMPSIA?

What causes pre-eclampsia is not known. Most experts believe that it begins very early in pregnancy with a problem in the **placenta**.

## What are the symptoms of PRE-ECLAMPSIA?

There may be **no symptoms** at all for many weeks. However, your health care provider (doctor, nurse or midwife) may be able to detect pre-eclampsia during **regular prenatal visits** by checking your blood pressure and taking urine samples.

### SIGNS OF PRE-ECLAMPSIA MAY INCLUDE:

- **Hypertension** (high blood pressure): over 140/90; most of the time, this would not cause you to feel unwell..
- Too much **proteins in urine**: also does not usually cause you to feel unwell.
- **Headache**: usually throbbing (like a heartbeat), increasing and that does not go away.
- **Vision problems**: bright flashes or dark spots, blurred vision.
- **Abdominal pain**: in the pit of the stomach or right side pain (under the ribs), especially with nausea and vomiting.
- **Swelling**: swelling in the legs or fingers (rings may become hard to put on or to remove) is very common in normal pregnancies. It is not normal if the hands or face become very swollen or if your weight rises suddenly (more than one pound a day).



You should report any of these symptoms to your health care provider.

Pre-eclampsia can also begin **after delivery** (usually in the days after but sometimes up to 6 weeks after delivery). It is important to see a health care provider rapidly if you have any symptoms.

If you only have high blood pressure without any other signs, you have a disease called **"gestational hypertension"** (high blood pressure of pregnancy). This condition is less severe than pre-eclampsia but needs to be followed closely as it can change and become pre-eclampsia.

## Am I at risk of PRE-ECLAMPSIA?

Every pregnant woman is at some risk for pre-eclampsia, although it is only seen in about **1-3%** of all pregnancies. Gestational hypertension is more frequent and happens in 5-6% of all pregnant women. Certain women, however, are more likely to develop these conditions.

**Risks factors** include:

- **First pregnancy**: 10% of all first pregnancies are complicated by pre-eclampsia or gestational hypertension.
- First pregnancy with a **different father**: if this is not your first pregnancy but it is your first pregnancy with a new partner, you may be at increased risk.
- **Less than 2 years or more than 10 years** since last pregnancy.
- Pre-eclampsia in a **previous pregnancy**.
- **Family history** (sister or mother) of pre-eclampsia.
- Women **older than 40 years old**.
- **Multiple pregnancies**, like twins or triplets.
- **Obesity** (being overweight).
- **Diseases prior to pregnancy**, including hypertension (high blood pressure), kidney disease, diabetes, previous blood clot, or lupus.
- **Fertility treatment** (in vitro fertilization, sperm/egg donation).

## Can PRE-ECLAMPSIA affect my baby?

Most women with pre-eclampsia will deliver **without complications** to their health or to their baby. However, health care providers take this condition very seriously because pre-eclampsia is still one of the leading cause of maternal and fetal illness in pregnancy.

During pre-eclampsia, the placenta does not function perfectly well. The baby is receiving less food, which may result in an **underweight baby**. Sometimes, sudden early **detachment of the placenta** may happen, which is dangerous for the well-being of the growing baby. Fetal deaths, though very rare, have occurred in some of these situations.

Some mothers with pre-eclampsia will need to deliver their baby earlier than usual (before 37 weeks). A **pre-mature baby** is at risk for many health and development problems and may need to stay in the hospital for a long period of time (sometimes weeks to even months).

## Can PRE-ECLAMPSIA affect my health?

For the mother, the major dangers of pre-eclampsia include seizures, stroke, water in the lungs, heart failure, kidney failure, and bleeding problems in the brain or liver. Most of these problems are rare, temporary, and heal completely after delivery of the baby. However, in very rare cases, death has occurred. It is important to understand that many of these complications may be prevented by regular prenatal visits with your health care provider.

## Can we cure PRE-ECLAMPSIA?

The only cure for pre-eclampsia is the **delivery of the baby**. The hope is that delivery can wait until the baby is full term (after 37 weeks).

If the diagnosis of pre-eclampsia is not certain, or if the baby is not yet full term, then your health care provider will watch your symptoms carefully until your baby is ready to be born. Sometimes, though, this is not possible because the symptoms are getting worse and your baby's health appears to be in danger. If this is the case, your health care provider may recommend the premature delivery of the baby.

It is still possible to have a vaginal delivery (natural delivery). However, in certain situations, a caesarean section might be necessary. Your health care provider will discuss your best option with you.

One of the biggest problems for a premature baby is that the lungs are not fully developed, and he may not be able to breathe normally on his own. If the baby is at high risk of very early delivery, your health care provider may choose to give you injections of a medication called **Betamethasone®** that will help the baby's lungs to develop faster.

## In case of PRE-ECLAMPSIA, will I need to be hospitalized before the delivery of my baby?

Often, women with pre-eclampsia will be hospitalized because the condition may become worse suddenly, and mother and baby need to be watched closely.