How Can I Prevent Preeclampsia? As of now, there is no sure way to prevent it. Baby aspirin, calcium, and other interventions have been studied, but the results are not conclusive. It is important to know the danger signs, trust yourself, attend prenatal visits and have a strong partnership with your health care providers. Report your symptoms to them, ask questions, be persistent, and follow through appropriately.

Research, of course, continues. Studies include women at high risk, low risk, first pregnancies and more. In some cases, you may be able to participate to help test diagnostic tools or prevention treatments. Please contact the Preeclampsia Foundation for more information on studies in your area or to register in a confidential database.

Will I Get It Again? For most women the answer to this question is “no,” but there is no absolute way to predict recurrence. Several factors may increase your risk such as the severity of your first case and your general health at conception. It is important to note that the single highest risk for developing preeclampsia is having had preeclampsia in a previous pregnancy. Women with a history of preeclampsia should have a consultation with a high-risk pregnancy specialist (perinatologist) should they become pregnant again or prior to conception.

Preeclampsia Foundation

Administrative Office
5353 Wayzata Blvd, Suite 207
Minneapolis, MN 55416
USA
1-800-665-9341

www.preeclampsia.org
What is Preeclampsia? Preeclampsia is one of the most common complications of pregnancy, occurring in five to eight percent of pregnancies. It is as common in the USA as breast cancer, complicating over 200,000 pregnancies every year, over 6.6 million worldwide. It is characterized by high blood pressure and protein in the urine, but other signs can occur as well. Most cases are very mild, occur near term with healthy outcomes. It can, however, be very dangerous for mother and baby, progressing quite rapidly in some instances. It should be diagnosed early and managed closely to keep you and your baby safe.

Is it Also Called “Toxemia”? Toxemia is what our mothers’ generation called it. It was thought that toxins circulating in the mother’s blood were poisoning her. A modern form of this theory is one of many still being studied.

My Doctor Called It PIH. Pregnancy-Induced Hypertension (PIH) is when a woman has high blood pressure after 20 weeks of pregnancy but without protein in the urine, although many doctors use the term interchangeably with preeclampsia.

What Is HELLP? HELLP (Hemolysis, Elevated Liver enzymes, and Low Platelets) is rare, but one of the most severe forms of preeclampsia. It can occur before you exhibit the classic signs of preeclampsia and is often mistaken for the flu or gallbladder pain. PIH and HELLP are variations of the underlying disease called preeclampsia.

When Does Preeclampsia Strike? Usually after 20 weeks, in the 2nd or 3rd trimester. For most women, preeclampsia begins to go away as soon as the baby is delivered. Nonetheless, serious complications can occur up to six weeks postpartum and women and their doctors need to be vigilant should signs of preeclampsia occur after delivery. If your blood pressure has not returned to normal after six weeks, you may be referred to a specialist for chronic hypertension.

What Causes It? No one knows, though there are a number of theories. Researchers are working hard to find out what causes preeclampsia and how to prevent or cure it.

How Does It Affect Me? Even with preeclampsia, most women will have a normal delivery and healthy baby. However, it is a serious condition and a leading cause of infant and maternal death. Preeclampsia affects the mother’s kidneys, liver and other vital organs and, if untreated, can lead to seizures (eclampsia), cerebral hemorrhage, failure in other vital organs (i.e., kidney and heart), and death.

How Does It Affect My Baby? Preeclampsia can cause intrauterine growth restriction (IUGR) where the baby does not receive enough oxygen and nutrients to grow normally. Abruption, where the placenta separates from the wall of the uterus before the baby is born, occurs more commonly in preeclampsia. It is a leading cause of prematurity as some babies will need to be delivered early, before 37 weeks. The biggest risk to a premature baby is that the lungs may not be developed enough to function well. Injections of a steroid medication can be given to the mother to help the baby’s lungs mature faster. In addition to incomplete lung development, a premature baby is at risk for many other health problems.

Can I Stay at Home on Bedrest? Sometimes, women with mild preeclampsia will be put on home bed rest. In this case, you will probably need to have frequent visits with your health care provider, and blood and urine testing to be sure the condition is not getting worse. The well-being of your baby will be checked frequently with heart monitoring and ultrasounds. If you are prescribed home bed rest, always be alert for any symptoms because preeclampsia can change rapidly.

Are Any Medications Used for Treatment? If blood pressure is too high, there are medications that may be used to help bring it down. These medications rarely cause any side effects in the mother and, if prescribed, it probably means your blood pressure is high enough to be a greater risk to you or your baby than the medications.

One of the rare, but possible risks of preeclampsia is seizure. Magnesium sulfate, given in an IV, is recommended for women with preeclampsia during labor or after delivery to prevent seizures. It is safe for the baby, but may cause hot flashes, sweating, increased thirst, vision changes, sleepiness, mild confusion, muscle weakness and shortness of breath in the mother. These side effects will all disappear when the medication is stopped.

For more information, or to support our work, check out our website at www.preeclampsia.org

The Preeclampsia Foundation is a USA-based 501(c)(3) dedicated to raising awareness, providing support and funding a cure for preeclampsia and related hypertensive disorders of pregnancy.

© Preeclampsia Foundation 2005