SIGNS & SYMPTOMS

High blood pressure. 140/90 or higher. A rise in the diastolic (lower number) of 15 or more, or the systolic (higher number) of 30 or more over your baseline is cause for concern.

Protein in your urine. 300 milligrams in a 24 hour collection or 1+ on the dipstick.

Swelling in the hands, feet or face, especially under the eyes, or if an indentation is left when applying thumb pressure. Some swelling is normal in most pregnant women, but sudden swelling is always suspect.

Headaches that just won’t go away, even after taking medications for them.

Changes in vision, double vision, blurriness, flashing lights or auras.

Nausea or upper abdominal pain (epigastric) is sometimes mistaken for indigestion, gallbladder pain or the flu. Nausea late in pregnancy is not normal.

Sudden weight gain of 2 pounds or more in one week.

Unfortunately, most women have no symptoms until they are very sick. If you have one of these signs and symptoms, you should see your doctor or go to an emergency room immediately.

My blood pressure: _______ / _______

My proteinuria: 0 1 2 3

Today’s date: ________________

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 reoccurrence. 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
foundati

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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.

Who Gets Preeclampsia? As many as one in every 12 pregnant women develop preeclampsia, including many who have no known risk factors. Some risk factors have been identified for increasing your chance of developing preeclampsia.

<table>
<thead>
<tr>
<th>RISK FACTORS</th>
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<tbody>
<tr>
<td><strong>Personal History</strong></td>
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<tr>
<td>□ First pregnancy</td>
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<tr>
<td>□ Preeclampsia in a previous pregnancy</td>
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<tr>
<td>□ Over 40 or under 18 years of age</td>
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<tr>
<td>□ High blood pressure before pregnancy</td>
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<tr>
<td>□ Diabetes before or during pregnancy</td>
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<tr>
<td>□ Multiple gestations</td>
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<tr>
<td>□ Overweight (BMI &gt;30)</td>
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<tr>
<td>- Lupus or other autoimmune disorders</td>
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<tr>
<td>- Polycystic ovarian syndrome</td>
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<td>- Large interval between pregnancies</td>
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Family History

□ Preeclampsia on mother’s or father’s side of the family
□ High blood pressure or heart disease
□ Diabetes

TOTAL Share your results with your doctor

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.

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. Abruptio, 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.

What Is the Cure? The only cure for preeclampsia is the delivery of the baby. It may still be possible to have a vaginal delivery, but in some situations a cesarean birth might be necessary. Most babies do best if delivery can wait until at least 37 weeks. Bed rest, medication and even hospitalization may prolong your pregnancy. Often, women with preeclampsia will stay in the hospital because the symptoms may suddenly worsen and close monitoring is necessary.

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.