

The Preeclampsia Foundation announced today that Dr. Benjamin Sachs, MD, Chair of the OB-GYN department at Beth Israel Deaconess Medical Center and soon to be Senior Vice President of Tulane University and Dean of the Medical School will be the keynote speaker at the gala which will be held at the Omni Parker House Hotel in Boston on October 27. Dr. Sachs is renowned for his work to improve quality control in the delivery of medical care and he has been instrumental in supporting the groundbreaking research of Dr. Ananth Karumanchi and his seminal work in discovering genetic markers for preeclampsia.

Also featured will be preeclampsia survivor and NYC Marathon veteran, Jill Siegel. Ms. Siegel nearly died in childbirth because of preeclampsia and, determined to regain her strength and health, decided to train for and run in the NYC Marathon.

Saving Grace: A Night of Hope is the primary annual fundraiser for the Preeclampsia Foundation, an event critical to fulfilling mission, meeting program goals, and addressing a growing problem. This event, held in a different city every year, underscores the need to drive national awareness of a growing and dangerous disorder that impacts hospitals, practitioners, women, families and communities. Saving Grace is also an opportunity to personalize a medical condition for scientists and researchers who will come together from across the globe to discuss emerging research at a scientific symposium that morning at Harvard University.

In one of the highlights of the event, Drs. Francesca Facco (Northwestern University) and Frauke von Versen-Höyneck (University of Pittsburgh) will receive the Foundation's Vision Grants to conduct research into the causes and possible treatments for preeclampsia. In addition to these awards, Kathy Maguire of Indiana will receive the Foundation's Volunteer of the Year award.

The National Institutes of Health (NIH) sounded the alarm that the preeclampsia rate rose by nearly a third during the 1990's. According to reports from the CDC, in 2003 the U.S. premature-birth rate hit a record high of 12.3 % of all births, which is a 30% increase since 1981 when the CDC began keeping detailed data on this issue. In 2002 there were more than 480,000 premature births in the US. Cost estimates for hospitalization and care of these infants was approximately \$13.6 billion.

Preeclampsia is the most common known cause of preterm births, accounting for about 15 percent of them. Yet, it receives some of the least funding at the NIH, despite its prevalence, affecting 200,000 pregnant women in the U.S. yearly.

Preeclampsia can occur during, as well as after pregnancy; sometimes with dire consequences for the mother and the unborn baby. As many as one in twelve pregnancies will be affected by preeclampsia, which is a rapidly progressive condition characterized by a dangerously sharp rise in blood pressure (hypertension), as well as kidney problems (indicated by increased protein in the urine). Swelling of the face, feet and hands, sudden weight gain, headaches, and changes in vision are important symptoms. However, without prior knowledge of these warning signs, the symptoms may be ignored or attributed to normal discomforts of pregnancy.

Simply put, this lack of awareness about preeclampsia can be life threatening for mother and child, and there is no cure.

Proper prenatal care is essential to diagnosing the condition. Current treatment, however, is limited to intensive monitoring of the mother’s condition and delivery if either the mother or baby goes into severe distress. Drugs are sometimes prescribed in an effort to prevent seizures and reduce blood pressure, but such a course of treatment is not always successful.

Much promising research is underway, such as predictive tests and therapies that may gain the baby a few additional weeks of development before birth. Proponents are excited by the hope such advances bring. Physicians often argue that it will not be enough; there is still no prevention or definitive cure.