Preeclampsia Fact Sheet

Overview
Preeclampsia, sometimes referred to as toxemia or pregnancy-induced hypertension (PIH), is a disorder that occurs during pregnancy and affects both the mother and the fetus. It is a rapidly progressive condition characterized by elevated blood pressure, swelling and protein in the urine. The cause of preeclampsia is still not fully understood, though the disease was recognized and described nearly 2000 years ago.

Important Statistics
- Every minute, somewhere in the world a woman dies in pregnancy or childbirth. This amounts to 1400 women dying each day - and more than 500,000 each year - from pregnancy-related causes.¹
- If undetected, preeclampsia can lead to eclampsia which is one of the top five causes of maternal and infant illness and death, causing an estimated 13% of all maternal deaths worldwide or literally a maternal death every 12 minutes.²
- Approximately 5 to 8 percent of pregnancies are affected by preeclampsia meaning that more than 6.6 million women worldwide suffered from the disease in 2002.³
- In the U.S., preeclampsia is responsible for approximately 18% of all maternal deaths.⁴
- Preeclampsia causes 15% of premature births in industrialized countries and it the number one reason doctors decide to deliver a baby prematurely.⁵

Risk Factors
While more research is needed, medical experts agree upon the following risk factors:
- Multiple pregnancies
- Obesity and primigravidity
- Medical history of chronic high blood pressure, diabetes or kidney disorder
- Pre-existing hypertension, diabetes, connective tissue disease — such as rheumatoid arthritis or lupus — or kidney disease
- Pregnancy in early teens or past age 40

² UNPF
⁴ PF
Detection
In the majority of cases, symptoms of preeclampsia aren't noticeable. Women may experience headache, blurred vision, upper abdominal pain and unexplained anxiety. Serious cases of preeclampsia may result in seizures. Abnormalities of the liver, kidneys and blood-clotting mechanisms may also be present. Dramatic weight gain, a decrease in urine output, blurry vision, nausea, and abdominal pain may be reasons to watch more closely for the development of preeclampsia. Typically, preeclampsia occurs in the late 2nd or 3rd trimesters of pregnancy.

Treatment
The only effective treatment for preeclampsia is delivery. Doctors will take into consideration gestation of the fetus in terms of development before inducing labor.

If a woman has a good support system in her home, she can manage mild preeclampsia with bed rest and frequent visits to her obstetrical care provider. She may also need to monitor her blood pressure at home on a regular basis.

Serious cases of preeclampsia may require admission to the hospital for more intensive monitoring of both the mother and unborn baby. If tests indicate that the health of either of the mother or fetus is at risk, an obstetrician may recommend inducing labor early or performing a caesarean section. A study by the Magpie Trial Collaborative Group in June of 2002 found that magnesium sulfate (MgSO4) can ease the symptoms of preeclampsia and has reduced seizures stemming from eclampsia by 56% when given intravenously in a controlled environment by trained staff. Magnesium sulfate has been a standard treatment option in the U.S. since the 1950s; however, it is not widely used internationally.

Additional Resources
- Preeclampsia Foundation - www.preeclampsia.org
- National American Society for the Study of Hypertension in Pregnancy (NASSHP) - www.nasshp.org
- WebMd - www.my.webmd.com/webmd_today/home/404

Resources & Contact Information
Preeclampsia Foundation, www.preeclampsia.org, 1-800-665-9341
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