Pre-Eclampsia: What You Need to Know

What is Pre-Eclampsia?

Pre-eclampsia is a **serious condition** that can develop in the **second half of pregnancy** (after 20 weeks). It causes **high blood pressure** and can affect your **kidneys, liver, and blood circulation**. It happens because of problems with the development of the placenta, which can impact both **your health and your baby's wellbeing**.

The condition **only goes away after your baby is born**, but careful monitoring and treatment can help **reduce risks for you and your baby**.

What Are the Symptoms?

Pre-eclampsia can sometimes **develop without symptoms**, which is why **regular blood pressure and urine checks** are done at antenatal visits.

If symptoms do occur, they may include:
✔ **Severe headaches**
✔ **Blurred vision or flashing lights**
✔ **Swelling** in the hands, feet, or face (not always present)
✔ **Pain in the upper right side of the belly**
✔ **Nausea and vomiting** (in the later part of pregnancy)
✔ **Shortness of breath**
✔ **Feeling generally unwell**

If you have **any of these symptoms**, you should **contact your doctor or midwife immediately**.

Who is at Risk?

Some women are at **higher risk** of developing pre-eclampsia, including those who:
🔸 Are **pregnant for the first time**
🔸 Are **over 40 years old**
🔸 Have a **family history** of pre-eclampsia
🔸 Have **high blood pressure, diabetes, kidney disease, or autoimmune conditions**
🔸 Are carrying **twins or more**
🔸 Have **a high Body Mass Index (BMI)**
🔸 Became pregnant using **IVF or fertility treatments**

If you have **any of these risk factors**, your doctor may recommend **extra monitoring** during pregnancy.

Why is Pre-Eclampsia Dangerous?

If **not treated**, pre-eclampsia can cause **serious problems** for both **you and your baby**.

🚨 **Complications for the mother**:

- **Seizures (eclampsia)** – A life-threatening condition if not managed.
- **Liver or kidney problems** – Can lead to long-term health issues.
- **HELLP syndrome** – A severe form of pre-eclampsia affecting the liver and blood clotting.
- **Stroke** – In very severe cases.

👶 **Complications for the baby**:

- **Slow growth (foetal growth restriction)** – The baby may not grow properly.
- **Preterm birth** – Your baby may need to be born early if pre-eclampsia becomes severe.
- **Placental abruption** – The placenta may separate from the uterus, which can be dangerous.

How is Pre-Eclampsia Diagnosed?

Your doctor or midwife will check for **signs of pre-eclampsia** at every antenatal visit, including:
✔️ **Blood pressure checks**
✔️ **Urine tests** (checking for protein)
✔️ **Blood tests** (checking kidney and liver function)
✔️ **Ultrasounds** to monitor baby's growth
✔️ **Doppler scans** to check blood flow to the baby

How is Pre-Eclampsia Treated?

There is **no cure** for pre-eclampsia **except delivering the baby**. However, **treatment can help manage symptoms** and reduce risks.

🏥 **If diagnosed, treatment may include**:
🔷 **Blood pressure medication** – To keep your blood pressure under control.
🔷 **Hospital monitoring** – If severe, you may need to stay in hospital.

🔹 **Magnesium sulphate infusion** – Used to prevent seizures in severe cases.
🔹 **Steroid injections** – If early delivery is needed, this helps your baby's lungs develop.
🔹 **Careful monitoring** – You and your baby will be closely checked.

💡 **Delivery of the baby is the only way to cure pre-eclampsia**. Your doctor will decide the safest time and method for delivery. If the condition is **severe**, an **early delivery** (sometimes by caesarean) may be necessary.

What Happens After Birth?

Pre-eclampsia **usually resolves after the baby is born**, but **monitoring is still needed**. Some women may have **high blood pressure for a few weeks postpartum**, which may require **ongoing medication**.

Future Pregnancy Risk:
Women who have had pre-eclampsia **are at higher risk in future pregnancies** and may have an increased chance of developing **high blood pressure or heart disease later in life**.

Your doctor may recommend:
✔️ **Aspirin** in future pregnancies to reduce risk.
✔️ **Regular blood pressure and health checks** after pregnancy.
✔️ **Lifestyle changes** such as healthy eating, regular exercise, and maintaining a healthy weight.

When to Seek Urgent Medical Help

🚨 **Go to the hospital immediately if you experience**:
❗ **Severe headache that won't go away**
❗ **Severe pain in the upper belly (right side)**
❗ **Blurred vision, flashing lights, or loss of vision**
❗ **Severe swelling, especially of the face and hands**
❗ **Difficulty breathing**
❗ **Sudden decrease in baby's movements**

Final Thoughts

💙 **Pre-eclampsia can be serious, but with early detection, monitoring, and the right care, most women and babies do well.**

If you have **concerns about pre-eclampsia** or **risk factors**, talk to your **doctor or midwife** for advice and monitoring. **Regular antenatal visits are the best way to catch any problems early!**

For more information, visit **RANZCOG** or speak to your healthcare provider.