Pre-eclampsia
(Toxemia of Pregnancy; Pregnancy-induced Hypertension; Preeclampsia)

Pronounced: pre-ee-clamp'-see-ah

Definition

Pre-eclampsia is a problem that occurs in some women during pregnancy. Blood pressure increases, protein appears in the urine, and organs can be damaged. This usually occurs during the second half of the pregnancy.

Cardiovascular System and Kidneys

Causes

The cause of pre-eclampsia is unknown.

Risk Factors
Pre-eclampsia is more common in African-American women, and in women aged 40 years and older. Other factors that may increase your chance of pre-eclampsia:

- Pre-eclampsia in a previous pregnancy
- First pregnancy
- Family history, such as a mother or sister who also had the condition
- Carrying multiple babies such as twins
- Chronic high blood pressure
- Obesity
- Kidney disease
- Diabetes
- Overweight or obese
- Sleep-disordered breathing—abnormal breathing during sleep ranging from snoring to sleep apnea
- History of polycystic ovary syndrome
- Antiphospholipid antibody syndrome

**Symptoms**

Women with pre-eclampsia may have no symptoms. It is important to see your doctor regularly during pregnancy to detect problems early.

In women with symptoms, pre-eclampsia may cause:

- Headaches
- Bloating or water retention
- Noticeably swollen ankles or feet, worse than the normal swelling that occurs during pregnancy
- Swelling of the face and upper body
- Vision troubles
- Upper abdominal pain
- Nausea or vomiting
- Feeling short of breath
- Chest pain
- Urinating less

**Diagnosis**

The doctor will ask about your symptoms and medical history. A physical exam will be done. Preeclampsia is diagnosed if a pregnant woman has high blood pressure and significant protein in her urine.

Tests may include:

- Blood pressure measurement to see if the blood pressure is 140/90 or higher
- Urine tests to look for elevated protein levels
- Blood tests—to check general body health and kidney and liver function

**Treatment**

Treating pre-eclampsia early can prevent its progression to eclampsia, which is seizures caused by severe pre-eclampsia.

Treatment may include:

**Delivery of the Baby**
The only way to cure pre-eclampsia is to deliver the baby. The decision for delivery depends on a combination of factors, such as:

- How many weeks along you are in your pregnancy
- Condition of you and your baby
- Severity of the pre-eclampsia
- Risk of other pregnancy complications

Labor may happen naturally or it may be induced. If there are life-threatening circumstances for either you or your baby, a cesarean section may be required. During labor, you may need medication to control your blood pressure and prevent seizures.

**Medication**

Mild pre-eclampsia can often be managed with rest and medication if the baby is close to term. Your doctor may recommend medications to:

- Lower your blood pressure
- Reduce the risk of seizures
- Help fetal lung development in case of premature labor

**Home Treatment**

If your home situation is stable and you live close to the hospital, your doctor may recommend that you rest at home in a quiet environment. Home treatment may include:

- Taking frequent blood pressure readings
- Getting plenty of rest
- Obtaining help to prepare meals, do housework, and care for family members
- Monitoring your baby's health, which may include:
  - Watching for fetal movement
  - Tracking kick counts
  - Follow-up visits to monitor conditions inside the uterus

**Admission to the Hospital**

If pre-eclampsia is moderate or your home situation is not restful, the doctor may admit you to the hospital. Treatment may include:

- Lowering your blood pressure with medication
- Taking medications to prevent eclampsia
- Monitoring your baby's condition
- Making sure you get enough rest

**Prevention**

To help reduce your chance of pre-eclampsia or other pregnancy complications:

- Get early and regular prenatal care. Early treatment of pre-eclampsia may prevent eclampsia.
- If you have chronic high blood pressure, keep it under control during pregnancy.
- If you have a chronic condition, like diabetes, keep it well managed.
Get your doctor’s approval before taking any prescription or over-the-counter medications.

Do not smoke or drink alcohol during pregnancy.

Eat regular, healthful meals, and take prenatal vitamins.

Ask your doctor if you should take a daily calcium supplement. In women who have a low calcium intake, supplementation may reduce the risk of pre-eclampsia, eclampsia, and premature birth.

Your doctor may recommend that you take aspirin to lower your risk of pre-eclampsia.