

High Blood Pressure in Pregnancy (Preeclampsia)

What is Preeclampsia?

Preeclampsia is a condition that develops after the 20th week of pregnancy. It is characterized by high blood pressure and protein in the urine. Preeclampsia is also called toxemia or pregnancy induced hypertension. If preeclampsia is not identified and managed appropriately, it can have serious consequences for both the mother and the baby.

How does it occur?

The cause of preeclampsia is unknown. It affects about 5-8% of all pregnancies. Preeclampsia is more likely to occur in:

- A first pregnancy
- A woman < 25 yrs old
- A woman > 35 yrs old
- An overweight woman
- A woman pregnant with multiples
- A woman with preexisting conditions, such as
 - Chronic hypertension
 - Diabetes
 - Kidney disease

What are the symptoms of preeclampsia?

The following are the most common symptoms of preeclampsia. However, many women report no symptoms. This is why it is so important to attend all your prenatal appointments.

- High blood pressure
- Water retention or swelling (most noticeable in the ankles, feet, hands, and face)
- Protein in your urine
- Headaches
- Changes in your vision
- Lethargy
- Nausea and vomiting
- Pain in the upper right abdomen
- Shortness of breath

How is it diagnosed?

Your healthcare provider will measure your blood pressure and test your urine at each prenatal visit. If preeclampsia is suspected, blood tests will be ordered to confirm the diagnosis.

How does preeclampsia affect me and my baby?

Preeclampsia causes a constriction of blood vessels. It is currently the leading cause of preterm birth and maternal and neonatal death.

In the mother, preeclampsia results in decreased blood flow to the liver, kidneys, and brain. This causes the organs to fail. It can also cause seizures (eclampsia) and HELLP syndrome (clotting disorder).

In the baby, preeclampsia leads to decreased blood flow to the placenta (the organ that carries nutrients and oxygen to the baby). This can result in a low birth weight baby or in severe cases stillbirth. Rarely, it may cause placental abruption (the placenta separates from the uterus). This leads to severe bleeding in the mother and may result in maternal and neonatal death. Many of the effects of this condition in the newborn are related to prematurity.

How is it treated?

The only treatment for preeclampsia is delivery of the baby. However, there are some things that can be done to help control the symptoms and prolong the pregnancy. Your healthcare provider will want you to rest as much as possible and have more frequent office visits. You will also have regular nonstress tests and ultrasound exams to monitor your baby. You may be placed on medication to lower your blood pressure or admitted to the hospital to be monitored more closely. In severe cases, the baby may be delivered early.

When should I call my healthcare provider?

You should call your healthcare provider immediately if you have:

- Severe headaches
- Blurred vision
- Upper right abdominal pain
- Sudden excessive weight gain (>3lb in a week)
- Swelling that doesn't get better after resting