

Pre-eclampsia information for you

You have been given this leaflet because you have been diagnosed with pre-eclampsia. We hope it contains some useful information for you. If you have any questions at all please do not hesitate to ask your midwife or doctor – we are here to help.

What is pre-eclampsia?

Pre-eclampsia is a condition which only occurs in the second half of pregnancy, and resolves after birth. It is a combination of raised blood pressure (hypertension) and protein in the urine (proteinuria). The exact cause is not yet understood.

Mild pre-eclampsia often has no symptoms and is picked up at a routine antenatal appointment.

Sometimes there can be symptoms with more severe pre-eclampsia, and these include the following:

- Headaches
- Blurred/altered vision
- Abdominal pain
- Nausea/vomiting
- Shortness of breath
- Feeling generally unwell

These symptoms can be serious. If you develop any of these symptoms please telephone Maternity Assessment Centre on 01422 224392 immediately for advice.

Why have I developed pre-eclampsia?

We don't know the exact cause of pre-eclampsia but we know that some women are more likely to develop it.

You are at greater risk if:

- This is your first pregnancy
- This is your first pregnancy with a new partner
- You are aged over 40
- You have had pre-eclampsia in a previous pregnancy
- You are overweight (Body mass index above 35)
- Your mother or sister had pre-eclampsia
- You are having twins or triplets
- You have a medical problem such as high blood pressure, kidney problems or diabetes.

However, some women who have none of these risk factors may still get pre-eclampsia.

Can pre-eclampsia affect my baby?

Pre-eclampsia affects the development of the placenta (afterbirth) and can affect the baby's growth in the womb. If the placenta is severely affected, the baby can become short of oxygen and in very severe cases can even die. We will monitor your baby to look for any signs of distress or poor growth.

How can pre-eclampsia affect me?

Mild pre-eclampsia usually does not cause serious problems for the mother. However severe pre-eclampsia can occasionally develop into eclampsia, which is a life threatening condition for the mother. Eclampsia is when the mother has convulsions (fits) and occurs in one in 2000 pregnancies in the UK.

Other life-threatening complications associated with severe pre-eclampsia include:

- Kidney failure
- Liver failure
- Lung failure

How is pre-eclampsia treated?

The only "cure" for pre-eclampsia is to deliver the baby. We will monitor you and your baby with the aim of continuing your pregnancy for as long as it is safe to do so.

With mild pre-eclampsia you will have more frequent antenatal checks and these will be done at our antenatal day units at Calderdale Royal Hospital or Huddersfield Royal Infirmary.

If the pre-eclampsia is becoming worse or is severe we may need to admit you to the antenatal ward at Calderdale Royal Hospital for more intensive monitoring.

Monitoring for women with pre-eclampsia includes the following:

- Regular blood pressure checks. It may be necessary to give you medication to lower your blood pressure. We only use drugs which have been shown to be safe for you and your baby.
- Urine tests for protein.
- Blood tests to check your blood count, liver and kidney function. These tests can become abnormal in severe pre-eclampsia.
- Ultrasound scans to measure the baby's growth and check wellbeing.
- CTG (cardiotocograph) – this is a trace of your baby's heartbeat and is sometimes used to check wellbeing.

When will my baby need to be born?

If your pre-eclampsia is mild we may simply need to monitor you and your baby until you go into labour naturally. After 37 weeks we may recommend that your baby is delivered by induction of labour or Caesarean section. We recommend continuous monitoring of your baby's heartbeat during labour and birth as these babies are slightly more likely to become distressed during labour.

If your pre-eclampsia is severe or getting worse your baby may need to be delivered early to prevent complications developing for both you and your baby. If it is likely your baby will need to be born significantly early we will offer you 2 steroid injections which help mature the baby's lungs and reduce the chance of breathing difficulties after birth.

If your baby needs to be born very early we will give you the chance to talk to a paediatrician about what to expect, and to visit the special care baby unit if it is likely your baby will need to be cared for there.

The type of birth (caesarean or vaginal birth) will depend on various factors such as how far along in pregnancy you are, the severity of the pre-eclampsia and the health of your baby. Your obstetrician will discuss with you the best way for your baby to be born.

What happens after the birth?

You will continue to be monitored closely. You may be advised to stay in hospital for several days after birth to ensure that the pre-eclampsia is resolving, as some women may develop eclampsia (fits) for the first time after birth.

If you were given medication to control your blood pressure, you may need to continue with this after birth. If you still need medication 2 weeks after birth you need to see your GP to review this.

For most women, blood pressure will return to normal within a few weeks after birth. If your blood pressure is still high after 6 weeks, your GP should refer you to a specialist for further investigation. If you had very severe pre-eclampsia, or had an eclamptic fit, or your baby had serious problems because of the pre-eclampsia, you may be offered a postnatal appointment with your obstetrician to discuss what happened and consider options for future pregnancies.

We are happy to arrange a postnatal appointment with a consultant obstetrician for any woman who has had pre eclampsia. If you are not offered an appointment and would like one then please contact Dr Goddard or Dr Shamsudin's secretary on 01422 223159 and we will arrange this for you.

What will happen if I get pregnant again?

Most women who have had mild pre-eclampsia will not have it again in a future pregnancy. The risk is a little higher if you have your next baby more than 10 years later. Your blood pressure and urine will need to be monitored by your midwife as normal. You may be advised to take aspirin 150mg daily from 12 weeks as this reduces the risk of developing pre eclampsia.

If you had severe pre-eclampsia, the risk of pre-eclampsia in a future pregnancy is increased to around 25%. You will need to be seen by an obstetrician early in your next pregnancy. You may need extra checks of your blood pressure and urine and extra growth scans. Your obstetrician will discuss this with you.

Are there any long term risks for me?

If you have had pre eclampsia during pregnancy you may have an increased risk of high blood pressure and cardiovascular disease (eg. heart attacks and strokes) in later life. You can reduce these risks by avoiding smoking, maintaining a healthy weight and exercising regularly. Speak to your GP if you need more information and support with life style changes.

References. NICE Clinical Guideline NG133 – Hypertension in Pregnancy

If you have any comments about this leaflet or the service you have received you can contact :

Antenatal Day Unit
Calderdale Royal Hospital

Telephone: (01422) 224419

www.cht.nhs.uk

If you would like this information in another format or language contact the above.

Potřebujete-li tyto informace v jiném formátu nebo jazyce,
obraťte se prosím na výše uvedené oddělení

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danych kontaktowych

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ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਉਪਰੋਕਤ ਵਿਭਾਗ ਵਿੱਚ ਸਾਡੇ ਨਾਲ ਸੰਪਰਕ ਕਰੋ।

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