SJÚKRAHÚSIÐ Á AKUREYRI
AKUREYRI HOSPITAL

Pre-eclampsia

What is Pre-eclampsia?

Pre-eclampsia is a condition of pregnancy which usually occurs in the last trimester of pregnancy, and never before 20 weeks of pregnancy. It is a combination of: raised blood pressure, oedema which does not resolve with rest, and protein in the urine.
There are often no symptoms and it may be picked up at your routine antenatal appointment.

Why is it important to know if I have pre-eclampsia?

Pre-eclampsia is quite common, affecting between 2 and 8 in 100 women during pregnancy. It is usually quite mild and has little effect on pregnancy. In 1 of every 200 women (0.5%) it develops into a more serious illness, which can be life threatening for both the mother and baby.
The symptoms of severe pre-eclampsia include:

- severe headache that doesn't go away with simple painkillers
- problems with vision, such as blurring or flashing before the eyes
- pain just below the ribs
- heartburn that doesn't go away with antacids
- rapidly increasing swelling of the face, hands and/or feet
- feeling very unwell

If you experience any of these symptoms, you should immediately contact your doctor or midwife, either at the health clinic or the maternity ward.

In severe pre-eclampsia, other organs, such as the liver and/or kidneys, can sometimes become affected and there can be problems with blood clotting.

Severe pre-eclampsia may progress to convulsions or seizures before or just after the baby's birth. These seizures are called eclamptic fits and are rare, occurring in only 1 in 4000 pregnancies.

How may pre-eclampsia affect my baby?

Pre-eclampsia affects the development of the placenta (afterbirth), which may prevent your baby growing as it should. There may also be less amniotic fluid around your baby in the womb.

Regular ultrasounds and monitoring aim to pick up those babies who are most at risk. Most women who have pre-eclampsia deliver normal healthy babies. With good antenatal care, the illness is usually well controlled before it becomes very serious.

Which women are at risk of pre-eclampsia?

Pre-eclampsia can occur in any pregnancy but you are at higher risk if:

- your blood pressure was high before you became pregnant
- your blood pressure was high, or you had pre-eclampsia in a previous pregnancy
- you have a medical problem such as kidney problems or diabetes or a condition that affects the immune system, such as lupus.

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If any of these apply to you, you may be advised to take low-dose aspirin (75 mg) once a day from 12 weeks of pregnancy, to reduce your risk.

The importance of other factors is less clear-cut, but you are more likely to develop pre-eclampsia if more than one of the following applies:

- this is your first pregnancy
- you are aged 40 or over
- your last pregnancy was more than 10 years ago
- you are very overweight – a BMI (body mass index) of 35 or more
- your mother or sister had pre-eclampsia during pregnancy
- you are carrying more than one baby

If you have more than one of these risk factors, you may also be advised to take low-dose aspirin once a day from 12 weeks of pregnancy.

How is pre-eclampsia treated?

Delivery is the best treatment for pre-eclampsia, but that is not always possible early in pregnancy when it is best for the baby to remain in the uterus. It is quite likely that you will have to be admitted to hospital for monitoring.

While you are at the hospital, your blood pressure will be measured regularly and you may be offered medication to help lower it. Your urine will be tested to measure the amount of protein it contains and you will also have blood tests done. You will be weighed daily to assess the amount of oedema. Your baby's heart rate will be monitored and you may have ultrasound scans to measure your baby's growth and wellbeing.

If you have mild pre-eclampsia it is usually possible to be at home, with regular visits to the maternity ward or clinic for monitoring. It is recommended that the baby is delivered after 37 weeks of pregnancy.

In those cases where the pre-eclampsia is severe, it may be necessary to induce the pregnancy or perform a caesarean section earlier. In those cases it is also sometimes necessary to give an intravenous medication to prevent seizures. If the pregnancy length is less than 34 weeks, it is better that the baby is delivered at the University Hospital of Iceland in Reykjavik where they have a Neonatal intensive care unit.

What happens after the birth?

Pre-eclampsia usually goes away after birth. However, if you have severe pre-eclampsia, complications may still occur within the first few days and so you will continue to be monitored closely. You may need to continue taking medication to lower your blood pressure.

If your baby is born early or is smaller than expected, he or she may need to be monitored. There is no reason why you should not breastfeed.

Usually your blood pressure will be monitored for 6 weeks following the birth. This is done at the Health Clinic.

If you had severe pre-eclampsia or eclampsia, we recommend that you have a postnatal appointment with your obstetrician.

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Will I get pre-eclampsia in a future pregnancy?

Overall, 1 in 6 women who have had pre-eclampsia will get it again in a future pregnancy.

Of women who had severe pre-eclampsia, or eclampsia:

- 1 in 2 women will get pre-eclampsia in a future pregnancy if their baby was born before 28 weeks of pregnancy
- 1 in 4 women will get pre-eclampsia in a future pregnancy if their baby was born before 34 weeks of pregnancy

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