

# Pre-eclampsia Community Guideline

## *Information for women*



**Pre-eclampsia is much more common than most people think – in fact it is the commonest of the serious complications of pregnancy. Pre-eclampsia can be a dangerous, even life-threatening, condition which is still too poorly understood to be preventable.**

At Action on Pre-eclampsia we believe that all pregnant women should be informed about pre-eclampsia, because recognition of the signs and symptoms aids early detection which, in turn, reduces the risk for mothers and their unborn babies.

The **Pre-eclampsia Community Guideline** has been developed by Action on Pre-Eclampsia with the support of GlaxoSmithKline. A leading group of experts has produced a guideline which will help community midwives and GPs screen for those who might be more likely to suffer from pre-eclampsia and thus look after them more carefully. The guideline offers a simple assessment that can be conducted early in pregnancy, to identify women who are more likely to develop pre-eclampsia in their pregnancy. The guideline identifies factors related to pre-eclampsia which require referral for the involvement of more specialist care. The guideline assessment will be used to decide upon the level of your antenatal care.

*If you have any questions about the PRECOG assessment please ask your midwife. You can also contact Action on Pre-eclampsia on 020 863 3271 or [mikerich@apec.org.uk](mailto:mikerich@apec.org.uk).*

### **Some questions about pre-eclampsia answered...**

#### **What is pre-eclampsia?**

An illness which occurs only in pregnancy and can affect both a mother and her unborn baby. Most cases are mild, but there is a severe form which can be dangerous. Amongst the most serious complications are convulsions known as “eclampsia” – hence the term pre-eclampsia.

#### **Who gets it?**

About one pregnant women in every 10 will be affected by the hypertensive disorders of pregnancy. Most at risk are first-time mothers; the over 40s; those with a BMI over 35; women with a family history of pre-eclampsia; where it is ten years or more since a last baby; those suffering from high blood pressure, diabetes or kidney disease; those carrying more than one baby and those who have had it before.

#### **What causes it?**

A problem in the placenta which restricts the flow of blood to the baby. This problem develops in early pregnancy but doesn't cause illness until much later – usually in the last few weeks.

#### **What are the signs?**

High blood pressure, protein in the urine in the mother and, sometimes, poor growth in the baby – all of which should be detected by routine ante-natal checks.

#### **How is it treated?**

Women with pre-eclampsia are monitored carefully – usually in hospital or a day ward – and may be given drugs to control blood pressure.

#### **Can it be cured?**

Only by the delivery of the baby, and with it the placenta that is causing the problem. That is why most women with pre-eclampsia have an induced, often early, delivery.

#### **Does it happen again?**

Some women get it again.

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### **Can it be predicted in early pregnancy?**

Not at present – which is why regular attendance at antenatal clinics is so important – but people who are more likely to get it can be identified.

### **Can it be prevented?**

Not reliably – although small doses of aspirin taken daily under medical supervision are thought by some doctors to help in some cases.

### **What can former sufferers do to help themselves?**

Seek expert advice, insist on frequent antenatal checks, never miss an appointment and report any signs and symptoms to your midwife or doctor.

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### **Your local contact details**

Midwife:

Tel. No:

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Action on Pre-Eclampsia was set up in 1991 to raise public and professional awareness of pre-eclampsia, improve care, and ease or prevent physical and emotional suffering caused by the condition. We aim to educate, inform and advise the public and health professionals about the prevalence, nature and risks of pre-eclampsia.

For more information and a comprehensive information pack please contact Action on Pre-Eclampsia at the address below:

#### **Action on Pre-Eclampsia**

84-88 Pinner Road  
Harrow  
Middlesex  
HA1 4HZ

Tel: 020 8863 3271  
Email: [info@apec.org.uk](mailto:info@apec.org.uk)  
Helpline: 020 8427 4217

[www.apec.org.uk](http://www.apec.org.uk)

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