

Things you ought to know about pre-eclampsia

Pre-eclampsia is much more common than most people think - in fact it is the most common 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.

Key facts about pre-eclampsia

What is it?

An illness which only occurs 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?

In its broadest form about one pregnant woman in every 10. 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 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. The average chance of recurrence is about one in 20.

Can it be predicted in early pregnancy?

Not at present - which is why regular attendance at ante-natal 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 ante-natal checks, never miss an appointment and report any signs and symptoms to your midwife or doctor.

Signs to look out for

- Bad headaches that don't go away
- Blurred vision, flashing lights or spots before your eyes
- Bad pain just below your ribs, especially on the right side
- Vomiting (not the 'morning sickness' of early pregnancy)

For advice or information about any aspect of preeclampsia, call the Action on Pre-eclampsia helpline on 0208 427 4217

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