Essential Pregnancy Information

ACTION ON PRE-ECLAMPSIA
PROMOTING SAFER PREGNANCY

YOUR GUIDE TO UNDERSTANDING PRE-ECLAMPSIA

- Pre-eclampsia is a serious pregnancy complication, which can affect any pregnancy
- It can be dangerous to both mother and baby
- It is important for all women to attend all antenatal check-ups to minimise the risks

APEC HELPLINE : 01386 761848

Information about pre-eclampsia

What is pre-eclampsia?

It is a complication you can get only during pregnancy or straight after your baby is born. It can affect you and your unborn baby. Pre-eclampsia used to be known as 'toxaemia'.

When does it happen?

Most women don't get pre-eclampsia until the last few weeks of pregnancy, but it can start as early as 20 weeks or (very rarely) even earlier. It is also possible for it to develop during labour or soon after the baby is born.

What happens to you?

Pre-eclampsia involves changes in blood vessels all over your body. As a result:

- blood pressure rises
- protein from the blood leaks into the urine

Some swelling is common in normal pregnancy especially in the ankles but in pre-eclampsia water can leak out of the blood vessels and cause sudden swelling (oedema) especially in the face and hands.

Most women with pre-eclampsia are mildly affected, however some women become seriously ill with extra problems in the liver, brain, lungs or blood clotting system. Pre-eclampsia can get worse very quickly - that's why you need to attend all antenatal check-ups, but if you are showing any symptoms or are concerned at any point it's important to always get this checked out.

What happens to the baby?

Your babies growth may be affected, because not enough blood is getting to the placenta. This can lead to problems with your baby's health. Your baby may need to be delivered early to prevent futher complications.

Who gets pre-eclampsia

It affects about 1 in 10 pregnant women; you're more at risk if:

- You are having your first baby
- Your mother or sister have had pre-eclampsia
- You already have high blood pressure (even if it is treated)
- You have diabetes, kidney disease or migraine
- You are aged 40 or above
- You are expecting multiple births.
- You have a Body Mass Index (BMI) of 35 or more
- If it has been 10 years or more since your last baby
- You have previously suffered with pre-eclampsia
- At booking you have proteinuria (protein in your urine)
- At booking you have a diastolic blood pressure of 80 or more

What is the cause?

Pre-eclampsia is caused by placental complications. The placenta is the 'special' pregnancy organ that brings the baby food and oxygen from your blood. In pre-eclampsia the placenta can't get as much blood from you as it needs and this can affect you and your baby in different ways.

What is the treatment?

Because pre-eclampsia is caused by the placenta, it doesn't get better until after delivery. Treatment of blood pressure is safe and may reduce the risk of complications for you and your baby. Many women with pre-eclampsia have their babies early. The doctors and midwives monitor you and your baby very carefully and they may decide it is safer for you (and/or your baby) to deliver your baby. While you remain pregnant, your doctor may give you medication which control blood pressure without harming your baby.

Information about pre-eclampsia

What happens next time?

If you have had pre-eclampsia once you may get it again. It is important in future pregnancies that your midwife knows that you have had it before because you need to be monitored more carefully.

Can pre-eclampsia be prevented?

There is no reliable way to do this, although women at risk are likely to be prescribed small daily doses of aspirin (75 -150mg) from 12 weeks. This treatment should be discussed with your doctor/ midwife.

REMEMBER
Attend all your antenatal appointments
Make sure your blood pressure and urine are checked at every antenatal appointment

Helpline Comments

"When I suddenly developed pre-eclampsia I was terrified because I knew nothing about it. Thanks to APEC, they explained it to me so I knew what was happening"
Helen

"I thought after I suffered from pre-eclampsia I would never be able to have another child but now I have 3 beautiful children"
Sam

"It was so lovely to be on the phone with lovely and friendly people as it took me a while to build up the courage to call."
Amy

"Very efficient service, I received replies to my emails within a short space of time. I felt listened to, supported and given advice. Its great to know that there is a service that helps women in my situation."
Brhana

"My wife developed pre-eclampsia and because my neighbour had it, she told me about APEC's helpline, and talking to them helped me and my family to understand what was going on"
Steve

Understanding blood pressure

Your blood pressure and urine should be checked at every antenatal appointment because changes in blood pressure and urine can be signs of pre-eclampsia.

What is blood pressure?

Blood pressure is the force of blood pumping around your body. It is usually measured by a machine on your upper arm with an inflatable cuff.

Blood pressure is recorded as two numbers for example 120/70.

- The first number (e.g.120) is called the systolic and shows the pressure of the heart pumping.
- The second number (e.g. 70) is called the diastolic and shows the pressure as the heart relaxes.

Blood pressure:

- Varies between people
- It can also increase if you are worried or stressed
- A blood pressure of 110/70 is normal for pregnancy. However yours may be slightly higher or lower and still be completely normal for you.

Blood pressure and urine checks

What if my blood pressure is high?

- Your midwife (or GP) will measure your blood pressure at your first antenatal appointment and again at every visit after that.
- Stress, can mildly raise your blood pressure for a while, but if it stays high it may be the start of pre-eclampsia.
- If your blood pressure is over 140/90 treatment will usually be recommended.
- If your blood pressure is showing signs of increasing, your midwife or doctor will need to check it more often (e.g. weekly). Each time they check it they should also check your urine for protein.

Urine checks for protein

- Your urine gives vital clues about the health of you and your baby.
- It should be checked at every appointment for the presence of protein which can be a sign of pre-eclampsia.
- Protein in the urine is called proteinuria and is usually measured with a dipstick as either 'trace', +, ++ or +++. Anything greater than a 'trace' requires further investigation.

What if protein is found in the urine?

If you have one + or more of protein and high blood pressure, you may have pre-eclampsia and will need extra medical care.

Your urine may be checked for other causes of protein, (such as an infection) but you should be reviewed early to ensure that any infection is treated or , if not an infection, other causes (such as pre-eclampsia) are excluded.

What symptoms to look out for

- Headaches, that are persistent, sometimes accompanied by vomiting, blurred vision, or other visual disturbances
- Severe pain just below your ribs, especially on the right side (epigastric pain)
- Severe swelling (oedema)

These symptoms are not always serious, but can indicate pre-eclampsia. To be safe contact your midwife or, doctor or day assessment unit, if you experience these symptoms.

They should always check your blood pressure and urine.

Checklist to keep you and your baby safe

- Never miss an antenatal appointment however well you feel
- Make sure your blood pressure and urine are checked each time and the results written into your notes
- Call your midwife, GP or the labour ward if you feel unwell between appointments
- If you are found to have high blood pressure or protein in your urine, ask for another check-up within the week or ask to be referred to a day assessment unit
- If your doctor/midwife suggests you need to be in hospital then you should take their advice
- If you cannot contact your GP or midwife you can always contact your labour ward, day assessment unit or 111. In an emergency ring 999.

If you have pre-eclampsia

Pre-eclampsia and you

- If your midwife suspects pre-eclampsia you will probably need to be checked at a hospital
- Your blood pressure and urine will be checked often and if your blood pressure is high - 140/90 or more you may need medication to control it. These will not harm your unborn baby.
- If your blood pressure is over 160/100 you may need to be admitted to hospital
- Pre-eclampsia can affect blood vessels in many parts of your body, and you may also have further tests looking at your liver, kidneys and blood clotting system.

Pre-eclampsia and your baby

- Pre-eclampsia can also affect the health of your unborn baby.
- He or she will be checked regularly for slow growth and other signs of ill health (often with regular ultrasound scans).
- Some babies remain healthy even when their mothers have severe pre-eclampsia, but if your baby seems unwell, or your own health is starting to be affected, your doctor may advise an early delivery either by induction or Caesarean section.
- Your baby may need to spend some time in a Neotnatal Unit (NICU) or Special Care Unit (SCBU), this will be disucssed with you before birth and you can ask for a tour of the units,

Birth and afterwards

- If you have pre-eclampsia, you and your baby will be monitored closely during labour and delivery.
- You will be recommended a hospital birth.
- After your baby is born most women start to recover in a few days.
- A few women take weeks or, occasionally, months for their health to return to normal, but the pre-eclampsia eventually goes away. However, pre-eclampsia can cause long term health conditions which your Dr should discuss with you.

Checklist to keep you and your baby safe

If you feel ill during pregnancy

- Many women feel well even with severe pre-eclampsia, but feeling ill can be a warning sign that you have the illness or that it is getting worse.
- If you start to feel unusually ill you should contact your midwife or doctor the same day and at least get your blood pressure and urine checked.

Checking yourself at home

Women at high risk of pre-eclampsia or with early signs of the illness sometimes find it reassuring to check their own blood pressure and/or urine at home between antenatal appointments. It is useful to share these results with your midwife.

Extra tests for women with pre-eclampsia may be offered

- Baby scans for growth (often every 2 - 4 weeks)
- PIGF blood test can be used to support a diagnosis
- Urine test to check level of protein
- Regular review in the day unit to check mother and baby

Contact Action on Pre-eclampsia (APEC) for details of home blood pressure monitors that are validated for use in pre-eclampsia (most are not).

IT'S NOT YOUR FAULT!

The exact cause of pre-eclampsia is unknown and cannot be predicted with any certainty nor prevented with any known actions. Research has tested many factors such as stress, work, exercise, diet and vitamins but none of these were found to make a difference

About Action on pre-eclampsia

ACTION ON PRE-ECLAMPSIA
PROMOTING SAFER PREGNANCY

Action on pre-eclampsia was founded in 1992 by Prof Chris Redman and Isabel Walker, to raise public and professional awareness, improve levels of care and ease or prevent physical and emotional suffering caused by the condition.

SUPPORT. EDUCATION. RESEARCH

APEC Resources:
To order please visit our online shop or call

CRADLE VSA Blood pressure monitor
The hand-held device measures blood pressure and pulse to calculate the impending risk of shock, the vital sign results are shown as a traffic light display so that even those who do not recognise abnormal results are alerted to the need for action, this device is available to buy through APEC.

Thinking about fundraising?
Contact us for a fundraising pack to help you get started

apec.uk @apec_uk @apec_uk

Donations
If you would like to make a donation to APEC, please visit our website www.apec.org.uk

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