

blood for a few days to make sure everything is returning to normal.

Some women may need to continue taking medicine and having their blood pressure monitored for some time.

Women with preeclampsia should birth at Middlemore and not the community birthing units (Pukekohe, Papakura and Botany Downs).

You will need to stay in hospital following the birth rather than having an early discharge home.

A midwife will visit you at home after discharge; make sure you are at home for these important checks and report any concerns you may have.

Because you have had preeclampsia, it is important that you have antenatal care early in any future pregnancy.

Tell your Lead Maternity Carer (LMC) and GP what happened as there are some measures that can be taken early in your next pregnancy to reduce the chance of this occurring again.

For more information on preeclampsia
talk to your midwife



www.countiesmanukauhealth.org.nz

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Useful Websites

- NZ Action on Pre-eclampsia www.nzapec.com
- UK action on Pre-eclampsia www.apec.org.uk
- Trauma and Birth Stress Support Group www.tabs.org.nz



Preeclampsia

Information for Pregnant Women and Whanau



Women's Health Division

What is Preeclampsia?

Preeclampsia is a serious condition which can occur pregnancy.

It usually shows up as high blood pressure (BP) and protein in the urine.

It can affect many other parts of the body too causing headaches, blurred vision, significant swelling and upper abdominal pain.

It is more common later in pregnancy but can happen from as early as 20 weeks.

What causes it?

The exact cause is not completely understood but it does appear to be related to the placenta (afterbirth/Whenua).

What we do know though is how it can affect you and your baby.

What happens to me?

You may not feel any different – that is why it is important to have regular blood pressure (BP) and urine checks during your pregnancy.

Your symptoms may include:

- A rise in blood pressure
- Protein in your urine
- Headaches
- Blurring of the vision - perhaps spots before your eyes

- Swelling of hands, feet and face
- Pain in your upper abdomen – under your ribs/ in the middle of your chest or sometimes through to your back
- Nausea (feeling sick) and feeling generally unwell

If you are feeling unwell with any of these symptoms it is important to let your midwife know and to be checked over.

Preeclampsia that is not treated can lead to convulsions (fits) in severe cases.

This is then called Eclampsia. It is not common but it can be life threatening.

What happens to my baby?

Often in preeclampsia the placenta (afterbirth or whenua) does not work as well as it could.

- This can slow your baby's growth making baby small and restricting baby's oxygen levels.
- This sometimes causes early separation of the placenta from the wall of the uterus or womb (placental abruption).

How is preeclampsia treated?

Treatment centres on keeping you and baby well enough until baby needs to be born and depends on what symptoms you have.

Blood pressure can be treated with medicine. It is

sometimes possible to stay at home with regular checks of blood pressure and urine.

However, preeclampsia can sometimes worsen without much warning and so hospital admission may be recommended.

If you are admitted you will be closely monitored with:

- BP checks every 4 hours
- Urine tests
- Blood tests
- Monitoring of baby – CTGs (monitor on your tummy) and ultrasound scans
- Medication may be required to lower the blood pressure
- You may need stockings on your legs (TEDS) and a small injection into your tummy (Clexane) to help stop blood clots forming
- Some rest is encouraged – this is often easier when in hospital
- Regular ultrasound scans are used to make sure baby is growing.

As this is a pregnancy problem, it usually gets better when baby is born (or soon after).

You may be offered an induction of labour rather than waiting for labour to start naturally.

Occasionally preeclampsia can worsen in the few days after birth.

We keep checking your blood pressure, urine and