

Can pre-eclampsia be prevented?

Not reliably, although your doctor may prescribe you aspirin daily to reduce the chance of developing pre-eclampsia if you are at high risk. You should therefore insist on frequent antenatal checks, never miss appointments and report any signs and symptoms to your midwife or doctor.

Note

This information is intended to help you if you have, or have been told that you have pre-eclampsia. It provides you with the essential knowledge about your condition. It is not meant to replace advice from a doctor or medical staff about your own condition.



KK Women's and
Children's Hospital
SingHealth

Pre-Eclampsia

Useful telephone numbers

Central Appointments	+65 6-2944 050
KK Ask-A-Nurse Service	1900-KK-Nurse or 1900-5568-773 (chargeable at \$0.80 per minute)



KK Women's and
Children's Hospital
SingHealth

100 Bukit Timah Road
Singapore 229899
Tel: +65 6-CALL KKH (6-2255 544)
Fax: +65 6-2937 933

Website: www.kkh.com.sg

E-mail: info@kkh.com.sg

Reg No 198904227G

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What you
need to
know

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Pre-eclampsia is a condition that occurs only in pregnancy, and is usually diagnosed when the pregnant woman develops high blood pressure and has protein in the urine. Almost 1 in every 10 pregnancies is affected, although most cases are mild. In severe cases, the disease may affect other organs such as the kidney, liver, heart, brain and even the blood system. This severe form can be very dangerous for both the mother and the baby.

■ Who is at risk of pre-eclampsia?

Any woman may develop pre-eclampsia. However, some women are at higher risk. They are: women over the age of 40; those with BMI > 35; women with a family history of severe pre-eclampsia; those with pre-existing high blood pressure, diabetes or kidney disease prior to pregnancy; those with multiple pregnancies; women who have had it before, and even first-time mothers.

■ What causes pre-eclampsia?

The condition is caused by a problem in the placenta, which is the organ allowing interaction between the mother and baby. It is responsible for bringing nutrients and oxygen to the baby from the mother's blood. The problem develops in early pregnancy, but does not cause illness until later in pregnancy.

■ What are the signs and symptoms?

Pre-eclampsia is symptomless in the early stage. High blood pressure, protein in the urine, and sometimes poor growth in the baby can occur, and these are detectable only by routine antenatal check-ups. Bad headaches, blurred vision, pain below the ribs on the right side, and vomiting (not the "morning sickness" of early pregnancy) may be warning symptoms of severe diseases. Seek help immediately if you experience these symptoms.

■ How does it affect my pregnancy?

Your pregnancy is considered a high risk pregnancy if you have pre-eclampsia. It may affect both the mother and unborn baby. It can have serious consequences including multiple organ failure of the kidneys, liver, heart and brain, stroke and even death. In severe cases, the mother may suffer from fits, known as "eclampsia". The unborn baby may not grow well and in very severe cases, may die in the womb.

■ How is it treated?

You have to be monitored carefully – in the hospital or obstetric day care center (ODAC) – and may require blood investigations and medications to control your blood pressure. Steroids may also be given to help your baby's lungs develop quickly in case he or she needs to be delivered early. Control of the blood pressure is important. However, it is important to monitor for other complications that may occur even if the blood pressure is well controlled.

■ Can it be cured?

The only "cure" is delivery of the baby and the placenta. Hence, most women with pre-eclampsia have an induction of labour to deliver earlier. You may even require emergency caesarean section if your symptoms do not go away and your blood pressure continues to rise. In severe cases, the baby needs to be delivered prematurely, before full term to prevent progression of the disease.

■ Will it happen again in my next pregnancy?

The chance of pre-eclampsia recurring in subsequent pregnancies increases if the condition is more severe. In most severe cases, the chance of recurrence may be up to 30%. Although most women with pre-eclampsia have an uneventful subsequent pregnancy, it is important to have a close follow up.

