Key notes on: Preeclampsia

- Pre-eclampsia remains a leading cause of maternal and perinatal mortality and morbidity
- Preeclampsia is a multisystem disorder and not simply a hypertensive disorder
- There is a great range in severity of condition experienced by women
- BP remains an important antenatal surveillance tool, as does urine testing for women with risk factors (E.g. women having a baby for the first time, women with diabetes, women with a history of preeclampsia themselves – or in their family)
- Control of hypertension is important to prevent likelihood of cerebral haemorrhage (but does not halt progression of the condition)
- Many women with preeclampsia have cardiac dysfunction as part of the condition and are prone to pulmonary oedema – require careful administration of IV fluids
- Magnesium universally agreed as the drug of choice to prevent and treat eclampsia
- The course of preeclampsia in an individual woman is unpredictable – competent assessment and monitoring of women is vital
- Preeclampsia is a risk factor for preeclampsia in a subsequent pregnancy and for cardiovascular disease later in life

For consumer stories have a look at:


UK Action on Preeclampsia (APEC) [http://www.apec.org.uk/](http://www.apec.org.uk/)

Key resources


Recommended reading


Abalos E, Duley L, Steyn DW. Antihypertensive drug therapy for mild to moderate hypertension during pregnancy. *Cochrane Database of Systematic Reviews* 2014;2. Art. No.: CD002252. DOI: 10.1002/14651858.CD002252.pub3.


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