

Preeclampsia

Preeclampsia happens in about 1 in 25 pregnancies in the United States.

What is preeclampsia?

Preeclampsia is a serious condition that can happen after the 20th week of pregnancy or after giving birth (postpartum preeclampsia). Preeclampsia causes high blood pressure and can cause organs, like the kidneys and liver, to not work normally. Most women with preeclampsia have healthy babies. But if left untreated, preeclampsia can cause severe health problems for you and your baby.



Symptoms of preeclampsia

Signs and symptoms of preeclampsia include:

- High blood pressure with or without protein in the urine. Your provider will check these during your prenatal visit.
- Changes in vision, like blurriness, flashing lights, seeing spots, or being sensitive to light.
- Headache that doesn't go away.
- Trouble breathing.
- Nausea (feeling sick to your stomach), vomiting, or dizziness.
- Pain in the upper right belly area or in the shoulder.
- Sudden weight gain (2 to 5 pounds in a week).
- Swelling in the legs, hands, or face.

Many of these signs and symptoms are common discomforts of pregnancy. Sometimes women don't realize they have preeclampsia. If you have any concern about your symptoms, call **(213) 747-5542** to make an appointment with one of our Eisner Health providers today.

Remember to always go to all your prenatal visits, even if you feel fine. That's the best way to detect preeclampsia.



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Who is at risk for preeclampsia?

We don't know for sure what causes preeclampsia, but there are some risk factors that may make you more likely than other women to have it.

You're at high risk for preeclampsia if:

- You've had preeclampsia in a previous pregnancy.
- You're a person who has obesity.
- You've never had a baby before.
- You had complications in a previous pregnancy, such as low birth weight.
- You have a family history of preeclampsia.
- You're older than 35.
- You're pregnant with multiples (twins, triplets, or more).
- You have high blood pressure, diabetes, kidney disease, or an autoimmune disease like lupus or antiphospholipid syndrome.
- Some groups, such as African American women and those who are affected by lower income, are also at higher risk of preeclampsia.

If you have even one or more of these risk factors for preeclampsia, please tell your provider.

How can I reduce my risk of getting preeclampsia?

For people with risk factors, there are some steps that can be taken prior to and during pregnancy to lower the chance of developing preeclampsia.

These steps can include:

- Losing weight if you are overweight/have obesity (prior to pregnancy-related weight gain).
- Controlling your blood pressure and blood sugar (if you had high blood pressure or diabetes prior to pregnancy).
- Maintaining a regular exercise routine.
- Getting enough sleep.
- Eating healthy foods that are low in salt and avoiding caffeine.



Low-dose aspirin for reducing risk of preeclampsia

If your provider thinks you're at risk for preeclampsia, low-dose aspirin may be recommended to help prevent it. Low-dose aspirin is also called baby aspirin or 81 mg (milligrams) aspirin. Talk to your Eisner Health provider to see if treatment with low-dose aspirin is right for you.

If you have diabetes or high blood pressure, ask your provider about taking low-dose aspirin.

Is low-dose aspirin safe during pregnancy?

Yes! Daily low-dose aspirin use in pregnancy has a low risk of serious complications, and its use is considered safe.

What are the treatments for preeclampsia?

Treatment can include magnesium sulfate to prevent seizures and medicine to help lower your blood pressure. Generally, treatment will depend on how severe your preeclampsia is and how far along you are in pregnancy. Depending on the severity of the condition, your provider could recommend an early birth.