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4. What is pre-eclampsia?

Pre-eclampsia means 'before eclampsia'. It is a condition that only occurs in pregnancy. In some cases, pre-eclampsia may progress to a serious condition known as eclampsia.

Pre-eclampsia is a combination of:

• raised blood pressure (hypertension)

• protein in your urine on testing (proteinuria). Swelling of the ankles is common in pregnancy and is usually nothing to worry about, but it can be a feature of pre-eclampsia.

The exact cause of pre-eclampsia is not understood.

The symptoms of severe pre-eclampsia include:

- headaches
- blurred or altered vision
- feeling very unwell
- abdominal pain
- nausea or vomiting
- confusion
- shortness of breath.

These symptoms are serious and you should seek medical help immediately. If in doubt, contact the delivery unit at your local hospital.

5. How does pre-eclampsia affect my baby?

Pre-eclampsia affects the development of the placenta and can affect the baby's growth in the womb. There may also be a reduced amount of water (amniotic fluid) around the baby in the womb. If the placenta is severely affected, the baby can become distressed or even die. Monitoring aims to pick up those babies who are most at risk.

6. How is pre-eclampsia monitored?

With mild pre-eclampsia you will have more regular antenatal checks.

If the pre-eclampsia is getting worse or is severe, you may be monitored in the hospital. This is in case you need treatment and/or the baby needs to be delivered.

7. What is the treatment for severe pre-eclampsia?

If you develop severe pre-eclampsia, you will be cared for by an experienced midwife, senior obstetrician and anaesthetist.

Pre-eclampsia



1. What is eclampsia?

Eclampsia is a life-threatening condition. The main problem is fits (seizures/ convulsions). These are like epileptic fits. Eclampsia occurs in one in 2000 pregnancies (0.05%).

Other complications include:

- kidney failure
- liver failure
- lung failure
- a combination of the above (this is known as HELLP syndrome). This is a combined liver and blood clotting disorder.
 - [H] stands for 'haemolysis' (breaking down of the red blood cells)
 - [EL] stands for 'elevated liver enzymes' in the blood (meaning damage to the liver)
 - [LP] stands for 'low blood levels of platelets' (platelets are specialised cells which are necessary for blood clotting).

2. When is the best time for the baby to be born?

Your baby may need to be delivered early (prematurely) if the symptoms are getting worse and affecting you and/or your baby. If the pre-eclampsia is less severe, you may be monitored to check that you can safely continue the pregnancy until labour starts naturally or is induced.

3. What happens after the birth?

You will continue to be monitored closely. Up to half of the women who develop eclampsia do so after the delivery. You may need to stay in hospital for several days. You may need to continue taking medicine to lower your blood pressure.

If your blood pressure is still high six weeks after the birth, or there is still protein in your urine on testing, you may be referred to a specialist.