Preeclampsia

**Definition:** This acute syndrome is unique to pregnancy and is called pregnancy-induced hypertension or acute gestational hypertension. It occurs most often in the last trimester of pregnancy.

**Symptoms of Preeclampsia:**
- Increased blood pressure
- Digestive edema (hands and face, especially in the morning after waking up)
- Presence of proteinuria

The earliest symptom of preeclampsia is weight gain and the most important criterion for diagnosing preeclampsia is hypertension, which may occur suddenly.

In general, blood pressure above 140/90 at intervals of at least 6 hours apart while the mother is resting is abnormal and indicates that cardiovascular changes have occurred.

Increased diastolic blood pressure is more important because it is not affected by emotional factors.

**Proteinuria** is the last symptom to occur (more than 30 mg / dL in 2 urine samples at least 6 hours apart or more than 300 mg in 24-hour urine.)

**Risk factors for preeclampsia:**
- Maternal infection
- Age under 20 years and over 40 years
- Low socio-economic level
- Twin or multiple pregnancies
- Mol hydatidiform
- Polyhydramnios
- Chronic diseases of the mother (diabetes, kidney and cardiac disease, chronic HTN)
- Hydrops phthalis
- Previous family history
- Black race
- First pregnancy
- Obesity

**Complications of preeclampsia in the mother:**
- Intracerebral hemorrhage
- Blindness
- Liver changes
- Renal complications
- Brain changes
- Impact on the hematological system
- Impact on placental uterine blood circulation
- Impact on the lungs
- Impact on the cardiovascular system

**Fetal complications:**

Delayed intrauterine growth is a common complication of severe preeclampsia.

**Diagnosis:**

The diagnosis of preeclampsia is usually based on the presence of the classic triad of hypertension, proteinuria, and edema.

If a pregnant woman is 24 weeks pregnant, her weight and blood pressure are normal, and her urine test is normal and she suddenly has the above symptoms, this is the reason for her preeclampsia.

**Treatment:**

With a diagnosis of preeclampsia, the patient is usually hospitalized. The primary treatment for preeclampsia is fetal withdrawal. Outpatient treatment is used when pregnancy is not term and only in women who have mild preeclampsia (blood pressure less than 140/90 without proteinuria) who includes the following: bed rest, careful control and daily BP measurement, see a doctor twice a week for a general examination and checking FHR and urinary protein for 24 hours. If hospitalized, blood pressure should be monitored with magnesium sulfate and hydralazine. Hydralazine should only be used when the patient has a diastolic blood pressure of 110 mmHg or more.

The use of diuretics in preeclampsia is contradicted.

**Nursing Care:**

- Controlling blood pressure every 4 hours
- Laying the patient on the left side
- Performing daily urea, creatinine, and hemoglobin and hematocrit tests
- Controlling temperature in each shift
- Controlling daily weight and examining the patient for edema
- Controlling FHR
- Controlling the absorption and excretion of fluids
- Controlling Patella reflex (to prevent magnesium sulfate poisoning)
- Performing fibrinogen test, PT, PTT
- Performing NST, OCT tests

If you have any questions or ambiguities, call the following number:

023-33460077, Obstetrics and Gynecology ward of Amir-al-Momenin Hospital