

PREECLAMPSIA



Preeclampsia is defined as new-onset hypertension (> 140/90 mmHg) and proteinuria OR end-organ damage after 20 weeks gestation.

Preeclampsia Risk Factors

- Family history
- Genetic/epigenetic predisposition
- Nulliparity
- Multiple gestation
- Maternal age > 35
- BMI > 30
- Pre-existing HTN
- Diabetes
- Chronic kidney disease
- First baby with a new partner
- Assisted reproductive technology

Management

- Maintain normal BP with IV anti-hypertensive medication, as ordered.
- IV magnesium sulfate for seizure prophylaxis
- Timing of delivery determined by severity of presentation and gestational age
- Condition typically resolves with birth of placenta.

Nursing Care

- Monitor BP, report elevations to provider.
- Evaluate deep tendon reflexes per protocol.
- Assess presence/progression of symptoms.
- Administer medications as ordered.
- Educate client regarding condition/plan.
- Assist in preparation for birth if indicated.

CLINICAL TIP:

Preeclampsia can present and/or progress to eclampsia and HELLP during the postpartum period. Careful monitoring should continue for at least 72 hours after birth.

Progression

Eclampsia

Tonic clonic seizures resulting from altered cerebral blood flow

HELLP Syndrome

Hemolysis,
Elevated
Liver enzymes,
Low **P**latelets
Can lead to uncontrolled bleeding & DIC

4 Liver

- RUQ pain
- New onset N/V
- Epigastric pain
- Coagulopathies

6 Placenta

- Placental syncytial stress
- Placental abruption

End-Organ Damage

1 Brain

- Severe headache
- Stroke
- Visual disturbances
- Seizures
- Hyperreflexia

2 Lungs

Pulmonary edema

3 Vasculature

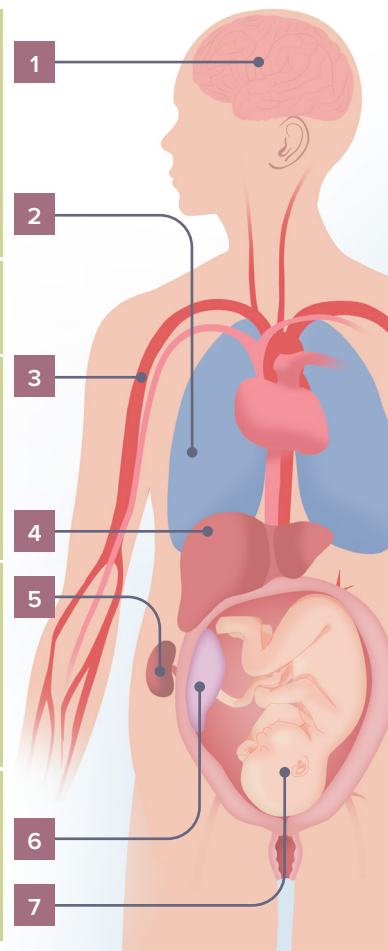
- Reduced blood flow to vital organs
- Thrombocytopenia
- Coagulopathies

5 Kidney

- Glomerular damage
- Oliguria
- Proteinuria
- Kidney failure

7 Fetus

- Fetal distress
- Fetal growth restriction



Diagnostic Lab Values

Proteinuria	<ul style="list-style-type: none"> • > 300 mg/24h • Protein/creatinine ration > 0.3 • Dipstick 1+ persistent
Thrombocytopenia	Platelets < 100,000/ μ L
Renal insufficiency	Creatinine > 1.1 mg/dL or doubling of baseline
Liver involvement	Serum transaminase levels twice normal

NOTES

