



# PRE-ECLAMPSIA FACT SHEET

## Act Early! Screen Early!

### 1. What is pre-eclampsia?

Pre-eclampsia is a pregnancy complication that is characterized by high blood pressure. The 'disease' frequently occurs during pregnancy after 20 weeks (5 months) of pregnancy but can also occur after delivery. It can cause damage to many organs and/or systems in the mother's body, especially the liver, kidneys, brain, lungs, and the coagulation system. It can affect the unborn baby leading to complications before and after delivery.

### 2. Why is pre-eclampsia such a big issue/problem for everyone?

- Pre-eclampsia affects 5-8% of all pregnancies worldwide
- Globally, 16% of all mothers who die during pregnancy or childbirth do so due to pre-eclampsia. This translates to over 76,000 maternal deaths per year.
- Pre-eclampsia also significantly contributes to the death of new-borns, causing over 500,000 new-born deaths per year.
- Pre-eclampsia is currently the second leading cause of death in women during pregnancy and childbirth in Uganda.
- Pre-eclampsia was responsible for 15 % of maternal deaths in Uganda (MPDSR report of 2020/2021). The contribution is higher at national and regional referral Hospitals.

- Convulsions/fits/seizures (eclampsia)
- Stroke
- Kidney failure
- Bleeding from the birth canal before delivery (abruption-placenta)
- Severe bleeding after delivery (postpartum hemorrhage)
- Fluid retention in the lungs (pulmonary edema)
- Liver failure
- Failure of the clotting system leading to uncontrollable bleeding (DIC)
- Maternal death

In the long term, women who have suffered from pre-eclampsia are at increased risk of developing: Chronic hypertension (long-lasting high blood pressure)

Chronic (long-lasting) kidney disease  
Cardiovascular (Heart) diseases such as heart attack, heart failure, etc.  
Diabetes mellitus

### 8. What are the immediate and long-term consequences or complications of pre-eclampsia to the baby?

#### Immediate complications to the baby include:

- Premature birth
- Being stillborn
- Born too small (stunting) as a result of impaired fetal growth

#### Long term complications to the baby include

- Increased future risk of long-lasting high blood pressure

### 3. What causes pre-eclampsia

The exact cause of pre-eclampsia is not known but several factors are believed to contribute to the development of the disease. Experts believe that one of the major factors is the poor development of the placenta—the organ that nourishes the fetus and also clears its waste products. As the pregnancy progresses the poorly developed placenta is not able to properly support the growing fetus leading to complications in the mother and / or unborn baby.

### 4. Who is at risk of getting pre-eclampsia?

Any woman who gets pregnant has the potential to get pre-eclampsia. However, the following categories of women are at increased risk of suffering from pre-eclampsia when they get pregnant:

- I. Women who are carrying a pregnancy for the first time (primigravida)
  - II. Women who had pre-eclampsia in a previous pregnancy
  - III. Women who are too "young" (less than 20 years) and too "old" (more than 40 years)
  - IV. Women who have a family history of pre-eclampsia (either the mother or maternal aunts or siblings have ever had pre-eclampsia)
  - V. Women who already have high blood pressure before pregnancy (chronic hypertension)
  - VI. Women who are suffering from long-term diseases such as diabetes mellitus (sugar disease), kidney disease, and sickle cell disease.
  - VII. Women who are obese (too much weight for the person's height)
  - VIII. Women who are carrying 2 or more fetuses (multiple pregnancy)
  - IX. Women who delay for more than 10 years to conceive after a previous pregnancy (long inter pregnancy interval)
  - X. Women who are carrying an abnormal pregnancy without a baby (molar pregnancy)
- Women who have a new partner fathering that pregnancy  
Women who conceive through assisted reproductive technologies (IVF)  
Etc.

### 5. What symptoms do women who suffer from pre-eclampsia exhibit?

- A number of women who get pre-eclampsia may not show any symptoms. Those who show symptoms may exhibit one or more of the following:
- Persistent and / or severe headache that will not go away even with painkillers
- Visual disturbances (photophobia, blurred vision, or temporary blindness)
- Upper abdominal (epigastric pain)
- Altered mental status (confusion, altered behavior, or agitation)
- Dyspnea or difficulty in breathing
- Swelling of the face, hands, and feet
- Nausea with or without vomiting after the mid-pregnancy
- Excessive weight gains or sudden increase in weight (more than 5kg per week)

### 6. Is there a cure for pre-eclampsia?

At present, the ultimate cure for pre-eclampsia is delivery. There are also treatments to minimize some of the complications that could occur as a result of pre-eclampsia.

### 7. What are the immediate and long-term consequences or complications of pre-eclampsia to the mother?

Immediate complications of pre-eclampsia to the woman include:

### 9. What should a mother who has had pre-eclampsia do immediately after delivery?

- Watch out for warning and danger signs and symptoms such as headache, visual disturbances, and upper abdominal pain. Return to a health facility if these symptoms develop.
- Ensure to be checked in a health facility after 1 week, 6 weeks, and 12 weeks after delivery. Sometimes the frequency may be more depending on the mother's condition.
- Ensure a healthy lifestyle including maintaining a healthy weight, exercise, and eating healthy foods (plenty of fruits and vegetables).

### 10. What should a mother who has had pre-eclampsia do later in her life?

- Ensure to live a healthy lifestyle including maintaining a healthy weight, exercise, and eating healthy foods (plenty of fruits and vegetables)
- Ensure regular check-ups for the long term complications as listed above (high blood pressure, diabetes mellitus, heart disease, kidney disease, etc.)
- Receive pre-conception care if they choose to get pregnant again in order to optimize them for pregnancy

### 11. What can be done to reduce complications of pre-eclampsia?

- Encourage all pregnant women to start attending antenatal care early (as soon as they suspect or confirm they are pregnant).
- Encourage all pregnant women to attend antenatal care regularly (as instructed by the health care providers) and to have their blood pressure checked at all visits.
- Assess all pregnant women found with high blood pressure for complications. This may require admission to hospital.
- Practice healthy lifestyles such as maintaining an appropriate weight, eating healthy foods, and exercising regularly as appropriate for the stage of the pregnancy.
- Encourage all women to deliver from health facilities.

### 12. What are the common myths and misconceptions about pre-eclampsia?

- ▶ Pre-eclampsia is a result of witchcraft and can therefore be cured by witch doctors.
- ▶ Herbs can cure pre-eclampsia
- ▶ It is a punishment or disease for cheating women
- ▶ The woman gets the disease because her ancestors are not happy with her or the husband
- ▶ The disease does not recur

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