Preterm Preeclampsia

Whānau Information

What is Preterm Preeclampsia?

Preeclampsia affects wāhine/people in pregnancy or soon after birth. It usually causes high blood pressure and may affect the function of māmā/people's kidneys, liver, blood and brain. It may also affect the whenua/placenta impacting on pēpi growth and/or the chance of bleeding in pregnancy.

Preeclampsia usually happens near the end of pregnancy but occasionally it starts earlier. When it happens before 37 weeks it is called **preterm preeclampsia**. This is often the more severe form of the condition, and may mean a preterm birth is recommended.

Who might develop preeclampsia & preterm preeclampsia?

About 1 in 30-40 wāhine/people will develop preeclampsia. It can affect anyone, but the chance is higher for some. Several things influence the chance of it happening. These are known as 'risk factors' and are considered as 'major' or 'minor'. Wāhine/people with major risk factors have the highest chance of preterm preeclampsia.

Major risk factors

- High blood pressure (hypertension)
- Diabetes (type 1 and type 2), kidney disease, antiphospholipid syndrome or systemic lupus erythematosus (SLE)
- Preeclampsia in a previous pregnancy
- Mother or sister had preeclampsia
- Pregnancy via IVF using a donor egg

How to reduce your chance of preterm preeclampsia

If you have one or more of the major risk factors for preeclampsia, a **100mg aspirin tablet** each night from 12 to 36 weeks, and a **daily calcium supplement** throughout pregnancy is recommended to reduce your chance of preterm preeclampsia – your midwife or doctor will prescribe these for you.

Preeclampsia may happen without any risk factors and so it is important to know what the signs and symptoms of preeclampsia are

What are the signs & symptoms of preeclampsia?

- Headaches
- Changes in your vision (blurry, flashing lights)
- Swelling in your hands, legs or face
- Nausea and vomiting
- Feeling generally unwell
- Puku/tummy/abdominal pain
- Bleeding from the vagina
- Pēpi is moving less

If you experience any of these signs and symptoms contact your midwife or doctor as soon as you can to arrange an urgent check including for your blood pressure and urine

Wāhine/people often have no symptoms, and preeclampsia is diagnosed at a routine visit with your midwife or doctor. It is usually diagnosed by a blood pressure and urine check.

- High blood pressure (140/90 or higher)
- Leaking protein into your urine (proteinuria)

How is preterm preeclampsia treated?

Once preeclampsia has developed, it does not go away until after pēpi is born. When preeclampsia occurs after 37^{+0} weeks, a planned birth is recommended to reduce the chance of māmā/person and/or pēpi getting sick.

For preterm preeclampsia, planning birth requires a preterm birth, which may carry some extra risks for pēpi. Treatment therefore focuses on keeping the condition as stable as possible. This includes monitoring māmā/person and pēpi to allow your pregnancy to continue if it is safe to do so, and pēpi can grow and mature more.

Treatment of preterm preeclampsia is likely to include:

- Regular monitoring for māmā/person with blood pressure checks and urine and blood tests
- Regular monitoring for pēpi by ultrasound scan and heart rate recording (called cardiotocograph/CTG)
- Medicine to treat high blood pressure.

Wāhine/people with preterm preeclampsia usually stay in hospital. If you and pēpi are stable, your doctor may talk to you about staying at home and having frequent checks in hospital or by your midwife several times a week instead. If you live in a smaller centre, your care team may recommend transferring you to another hospital that can look after very premature pēpi if preterm birth is needed.

What the risks for me & pēpi with preterm preeclampsia?

A few wāhine/people may experience serious complications like seizures, stroke, or placental abruption (when the whenua/placenta suddenly separates from your womb, reducing blood supply to pēpi and causing heavy bleeding). Pēpi growth may be affected, this is called fetal growth restriction (FGR) and may include a reduced blood flow to pēpi.

If concerns for these complications arise or māmā/person and/or pēpi becomes unwell, pēpi may need to be born preterm.

When will birth be recommended and what happens next?

- If you and pēpi remain well, birth will be recommended at 37 weeks
- If you and/or pēpi become unwell before 37 weeks, your doctors and midwives will discuss whether preterm birth is right for you both
- If it is considered that preterm birth is safest for you and pēpi, you will be offered treatments to help pēpi after birth e.g. corticosteroid injections and a magnesium sulphate infusion
- If a preterm birth is planned, pēpi should be cared for in a hospital with the right level of neonatal care. This may mean those caring for you recommend moving you to a different hospital (called *in utero* transfer) so this care is available for pēpi straight after birth
- Having preeclampsia does not mean you must have a caesarean section birth. Starting labour (called induction) and planning a vaginal birth is a safe option for many
- If you and/or pēpi are very sick, or your birth is very early (e.g. less than 34 weeks), then a caesarean section may be recommended
- Remember to talk to your doctors and midwives about including the whānau that you want present for your birth and any cultural birthing practices that are important to you
- After the birth of your pēpi, you will need ongoing monitoring and you will be advised to stay in hospital to allow this to happen. Even after you go home, you may need extra checks for a while
- Once you have had preterm preeclampsia, there are some additional risks for you in future pregnancies and as you get older. The doctors caring for you will provide information on this.

This Carosika Collaborative whānau information tool should be provided and used to support conversations between whānau and healthcare providers.

*For more information including **preterm fetal growth restriction (FGR)**, **interventions that optimise outcomes after preterm birth** (e.g. corticosteroids) and the **longer-term impact of preterm preeclampsia** and access to Taonga Tuku Iho (national best practice guide), you can visit the Carosika Collaborative website **www.carosikacollaborative.co.nz** or use the QR code.*

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