

Watch the following video:

<https://youtu.be/CRhGx8A7Dqg?si=TLWwkHL28qt76JSg> Answer

the following questions: **Danni Alfree**

1. *What underlying placental abnormalities contribute to both preeclampsia and eclampsia?* Arteries become fibrous which narrows the vessels and causes less blood to get to placenta
2. *What is the timing of preeclampsia in pregnancy?* 20 weeks gestation and up to 6 weeks after delivery
3. *What are the risk factors that predispose individuals to preeclampsia and eclampsia?* first pregnancy, multiple gestations, mothers >35, HTN, DM, obesity, family history
4. *What are the main clinical signs of severe preeclampsia—and how do they differ from eclampsia?* Preeclampsia is kidney issues (oliguria, proteinuria), Blurred vision, scotoma, right upper quadrant pain and HELLP syndrome (hemolysis, elevated liver enzymes, low plt). Eclampsia is edema (generalized, pulmonary, and cerebral). Cerebral edema is what causes seizures which is eclampsia.
5. *Why is delivery ultimately considered the only “cure” for preeclampsia and eclampsia, and what are the key considerations involved?* Delivery is ultimately the only cure because all problems stem from placental

dysfunction. Key considerations are gestational age of the fetus and severity of the disease