

Watch the following video:

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

Answer the following questions:

1. What underlying placental abnormalities contribute to both preeclampsia and eclampsia?

Uteral placental arteries become fibrous causing them to narrow, meaning less blood gets to the placenta. Poorly perfused placenta can cause intrauterine growth restriction or even fetal death.

2. What is the timing of preeclampsia in pregnancy?

After 20 weeks gestation and up to 6 weeks postpartum

3. What are the risk factors that predispose individuals to preeclampsia and eclampsia?

mothers 35 years or older, having diabetes, obesity or a family his

4. What are the main clinical signs of severe preeclampsia—and how do they differ from eclampsia?

Having seizures is one of the main clinical signs of severe eclampsia. Some other signs include kidney issues, liver damage, retina damage.

5. Why is delivery ultimately considered the only “cure” for preeclampsia and eclampsia, and what are the key considerations involved?

The considerations for delivering the baby is due to the different risk factors preeclampsia can cause such as retina injuries, liver damage, and kidney issues. It is also important the baby gets delivered so the mom does not develop severe preeclampsia and start having seizures.