

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?

Local vasospasms and uteroplacental arteries (abnormal placenta) becoming fibrous decreasing blood flow. Results in hypoperfusion which increase inflammatory proteins.

2. What is the timing of preeclampsia in pregnancy?

Occurs after 20 weeks of gestation and after 6 weeks of delivery.

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

Family Hx, multiple gestation, maternal age > 35, HTN, Diabetes, Obesity.

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

Severe Preeclampsia: Proteinuria (kidneys, eyes, liver, brain).

eclampsia: develops seizures from preeclampsia.

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

Delivery is tx because cause is placental abruption.

Considerations are gestational age of fetus and severity of disease.

manage sx after delivery - subside on their own.

supp. O<sub>2</sub> + medications for additional measures.