HTN DISORDERS IN PREGNANCY CLASSPREP

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?***

   - Uteroplacental arteries become fibrous causing them to narrow → less blood can get to the placenta
   - A poorly perfused placenta can lead to intrauterine growth restriction and fetal death
   - The hypo perfused placenta releases pro-inflammatory proteins in the mother's circulation and cause endothelial cell dysfunction → vasoconstriction and kidneys retain more salt resulting in hypertension

2. ***What is the timing of preeclampsia in pregnancy?***

   - After 20 weeks gestation
   - Up to 6 weeks after delivery

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

   - First pregnancy
   - Multiple gestations
   - Mothers older than 35 years old
   - History of hypertension, diabetes, obesity, family hx

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

   - New onset of hypertension
   - Proteinuria (marker of kidney damage, damage to other organs)
   - Oliguria

- Blurred vision, flashing lights, scotoma
- Elevation of liver enzyme
- Right upper quadrant pain
- Generalized edema in the legs, face, hands
- Pulmonary edema = cough, SOB
- Cerebral edema = headache, confusion, seizures

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

- It is the cure because these symptoms/conditions arise because of an abnormal placenta, so removing it will resolve those abnormalities
- Considerations are dependent on the gestational age and severity of disease