

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 = decreased blood flow to the placenta. Hypoperfusion = increased pro-inflammatory proteins leading to endothelial cell dysfunction = vasoconstriction.

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 gestation
- * Mothers > 35 years
- * Family history
- * HTN
- * DM
- * Obesity

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

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|------------------------|-------------------------|
| Severe preeclampsia: | Eclampsia: |
| * Systolic > 160 mmHg | Development of seizures |
| * Diastolic > 110 mmHg | |

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

The only "cure" for preeclampsia and eclampsia is delivery because ultimately there is development of an abnormal placenta. Key considerations include gestational age of fetus & severity of disease. Post-delivery included managing symptoms (subside on their own). Additional measures include supplemental oxygen and medications preventing seizures.