

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?*

the spiral arteries are fibrous and causing them to narrow instead grow causing poor placental blood flow. this releases pro-inflammatory proteins in the mothers blood and causes vasoconstriction and kidneys hold more salt

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

after 20 weeks gestation or up to 6 weeks after delivery

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

Text

first pregnancy, multiple gestations, older than 35 years old, hypertension, diabetes, obesity, and family history of it

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

Eclampsia is preeclampsia with seizures. The seizures are caused by cerebral edema. Severe preeclampsia is systolic being greater than 160 and diastolic being greater than 110 that can lead to a hemorrhagic stroke or placental abruption. there is also a cardinal sign of right upper quadrant pain. Hemolysis, elevated liver enzymes, and low platelets also occur because of the formation of thrombi in the blood vessels

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

Placental dysfunction is the root of all the problems with preeclampsia and eclampsia. The key considerations are the gestational age of the fetus and the severity of the disease.