

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?* Poor placenta perfusion, the arteries become ischemic forming into low resistant vessels leading to endothelial cell injury, vasoconstriction, resulting in hypertension, edema, and organ damage

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

After 20 weeks of gestation, it can occur during pregnancy, during labor or 6 weeks postpartum

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

*eclampsia?* Primigravida, multiple gestation, hx of preeclampsia or family hx, chronic HTN, diabetes, or obesity, renal disease, autoimmune disorders, maternal age <20 >35, African American ethnicity

4. *What are the main clinical signs of severe preeclampsia—and how do*

*they differ from eclampsia?* BP > 160/110, proteinuria, headache, visual changes, epigastric or RUQ pain, hyperreflexia, edema, oliguria

Eclampsia- All of the preeclampsia signs but add on seizures or convulsions also cerebral edema and irritation

5. *Why is delivery ultimately considered the only “cure” for preeclampsia*

*and eclampsia, and what are the key considerations involved?*

It is the only cure as removing the placenta at delivery is the only way to stop it

Key considerations: Balance maternal and fetal stability, magnesium sulfate is given to prevent seizures, antihypertensives, steroids may be given before labor, and close postpartum monitoring