

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 that deliver blood to the placenta become fibrous and dilate, which causes decreased blood flow to the placenta. This process then releases pro-inflammatory proteins into the mother's circulatory system, where the surrounding vessels vasoconstrict. This causes hypertension.

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

Preeclampsia can happen either 20 weeks after gestation or up to 6 weeks after delivery.

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

Hx of hypertension, diabetes, obesity

Family hx of preeclampsia

Mothers age above 35 years

Multiple gestations

First pregnancy

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

Severe Preeclampsia S/S:

Systolic BP >160 mmHg

Diastolic BP >110 mmHg

Oliguria

Proteinuria

Blurred Vision

RUQ pain

Generalized, pulmonary, cerebral edema

HELLP Syndrome (hemolysis, elevated liver enzymes, low platelets)

These S/S differ from eclampsia because the onset of eclampsia starts once a seizure occurs, which can stem from cerebral edema.

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

Delivery is considered the only cure because the hypertension is caused by the arteries to the placenta. Once the placenta is removed, there will be no more arteries that are constricted to cause hypertension. Key considerations are to do frequent BP checks, strict fluid management and intake/output, monitor reflexes, and put on seizure precautions.

