

**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?***

-Spiral arteries become fibrous and decrease blood flow, pro inflammatory proteins release and cause vasoconstriction and kidneys to retain salt, this ends in hypertension

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

-After 20 weeks gestation and can happen up to 6 weeks after delivery

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

-First pregnancy, multiple gestations, diabetes, obesity, family hx, hypertension, and mothers over 35 years old

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

-Severe has systolic over 160 and diastolic over 110, this leads to hemorrhagic stroke of placental abruption, protein in urine, blurred vision, elevated liver enzymes and epigastric pain. Thrombi form and cause hemolysis causing HELP syndrome.

Generalized, cerebral, and pulmonary edema. The difference between the two is that eclampsia is considered when seizures occur.

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

All of the problems come from placental dysfunction. It is important to consider the gestational age and severity of the disease when delivery