

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?*

Narrowing and fibrous spiral arteries that cause less blood flow to placenta and poorly perfused fetus (IUGR, release of pro-inflammatory proteins, fetal demise)

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

After 20 wks gestation & up to 6 wks after delivery,

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

1st pregnancy, multiple gestation, AMA (> 35 y/o), HTN, DM, obesity, family hx of preeclampsia

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

HTN (SBP: >140, DBP: >90), proteinuria, severe ha, visual disturbance, edema, epigastric pain, HF  
Preeclampsia + seizures = eclampsia

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

Delivery of fetus and placenta  
Depends on gestation age, severity