

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 underlying placental abnormalities that contribute to both preeclampsia and eclampsia are the uteroplacental arteries that become fibrous and cause them to narrow (less blood to the placenta).

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

The timing of pre-eclampsia in pregnancy is after 20 weeks' gestation and up to 6 weeks after delivery.

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

The risk factors that predispose individuals to preeclampsia and eclampsia is first pregnancy, multiple gestations, 35 years or older, hypertension, diabetes, obesity, and family history.

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

The main clinical sign of severe preeclampsia is a systolic BP of 160 or greater and a diastolic BP of 110 or greater. It also includes proteinuria, blurred vision, generalized edema (legs, face, and hands) and right upper

quadrant pain. This differs from eclampsia because seizures from cerebral edema define the onset of eclampsia.

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

The delivery is ultimately considered the only “cure” for preeclampsia and eclampsia because these conditions stem from placental disruption. The delivery depends on the gestation age of the fetus and severity of the disease.