

HTN DISORDERS IN PREGNANCY CLASSPREP

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?*

Endothelial dysfunction, abnormal trophoblastic invasion.

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

After 20 weeks gestation. Or up to 6 weeks after delivery

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

1st pregnancy, multiple gestations, >35 years old, HTN, DM, obesity Hx of.

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

Preeclampsia- Proteinuria with signs of glomerular damage, blurred vision, scotoma, RUQ pain.

Eclampsia- Seizures, HA, confusion.

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 problem ultimately is within the placenta. So once the placenta is delivered....problem goes away.

Considerations: Gestational age of fetus and the severity of the disease