

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? Uteroplacental arteries become fibrous and narrow which causes a poorly perfused placenta leading to intrauterine growth restriction, fetal death and pro-inflammatory proteins. Endothelial cell dysfunction causes vasoconstriction and retainment of salt causing HTN*
2. *What is the timing of preeclampsia in pregnancy?*

After 20 weeks gestation and up to 6weeks after delivery

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

*First pregnancy, multiple gestations, mothers >35years, HTN, DM, family hx*

4. *What are the main clinical signs of severe preeclampsia—and how do they differ from eclampsia? Eclampsia has seizures. Right upper quadrant pain is a cardinal sign of preeclampsia, oliguria, protein in urine, blurred vision, scotoma, swelling. HELLP syndrome (BOTH). Edema (general, pulmonary, cerebral) is eclampsia*

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

Since eclampsia and eclampsia stem from placental dysfunction, then delivery is the main treatment since it will rid of the abnormal placenta. How considerations involve gestational age of fetus, severity of disease and how it's affecting both maternal and fetal health. If onset of symptoms is after delivery then manage as they come because they will subside on their own. Supplement oxygen or medications as needed.