

**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 can become fibrous which makes them narrow and equals less blood to the placenta which can cause intrauterine growth restriction and fetal death. It also causes a release of pro-inflammatory proteins.
- 2. *What is the timing of preeclampsia in pregnancy?*** It typically occurs after 20 weeks gestation but can sometimes develop up to 6 weeks after delivery.
- 3. *What are the risk factors that predispose individuals to preeclampsia and eclampsia?*** First pregnancy, multiple gestations, maternal age over 35, HTN, diabetes, obesity, and family history of preeclampsia.
- 4. *What are the main clinical signs of severe preeclampsia—and how do they differ from eclampsia?*** The main clinical signs of preeclampsia are HTN, proteinuria, headache, N/V, visual disturbances, epigastric pain, pulmonary edema, dyspnea, oliguria, thrombocytopenia, elevated liver enzymes, hemolysis. Whereas Eclampsia has new onset tonic-clonic seizures in a woman with preeclampsia that are not caused by another condition such as epilepsy. The main difference between the two is seizure activity.
- 5. *Why is delivery ultimately considered the only “cure” for preeclampsia and eclampsia, and what are the key considerations involved?*** The main reason for preeclampsia is issues with the placenta, so by delivering the baby the placenta can be removed. This eliminates the primary source of the underlying problem and in return is the “cure”.