

**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 include, the uteroplacental arteries become fibrous and narrow which leads to less blood flow towards the placenta.

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

-The timing is, after 20 weeks' gestation and up to 6 weeks postpartum.

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

-The risk factors include, first pregnancy, multiple gestations, AMA >35 yo, HTN, DM, obesity and family history.

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

-The main signs of severe preeclampsia include, RUQ pain, proteinuria, BP above 160/110, blurred vision, elevated liver enzymes, HELLP. Preeclampsia with seizures is then considered eclampsia.

***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, all symptoms stem from placenta dysfunction. The key considerations are the gestational age of the fetus and the severity of the disease.