

Causes, Treatment and Prevention of Preeclampsia

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Preeclampsia is a pregnancy complication characterized by high blood pressure and signs of damage to another organ system, most often the liver and kidneys. Preeclampsia usually begins after 20 weeks of pregnancy in women whose blood pressure had been normal. Left untreated, preeclampsia can lead to serious even fatal complications for both you and your baby. If you have preeclampsia, the most effective treatment is delivery of your baby. Even after delivering the baby, it can still take a while for you to get better. The exact cause of preeclampsia involves several factors. Experts believe it begins in the placenta the organ that nourishes the fetus throughout pregnancy. Early in pregnancy, new blood vessels develop and evolve to efficiently send blood to the placenta. In women with preeclampsia, these blood vessels don't seem to develop or function properly. They're narrower than normal blood vessels and react differently to hormonal signaling, which limits the amount of blood that can flow through them [1].

If you're diagnosed with preeclampsia too early in your pregnancy to deliver your baby, you and your doctor face a challenging task. Your baby needs more time to mature, but you need to avoid putting yourself or your baby at risk of serious complications. Rarely, preeclampsia develops after delivery of a baby, a condition known as postpartum preeclampsia. is a condition that only affects women who are expecting a child. High blood pressure and protein in the urine are two common symptoms that appear after week 20 of pregnancy. Gestational hypertension frequently prevents preeclampsia. While elevated blood pressure during pregnancy does not always mean preeclampsia, it could suggest another issue. At least 5-8 percent of pregnancies are affected by this disease [2].

What are the signs and symptoms?

Preeclampsia can occur without causing any symptoms. High blood pressure can grow gradually or develop suddenly. Because a rise in blood pressure is often the first indicator of preeclampsia, blood pressure monitoring is an important element of prenatal care. A blood pressure result of 140/90 mm Hg or greater on two separate occasions at least four hours apart is deemed abnormal. High blood pressure, water retention, and protein in the urine are all symptoms of mild preeclampsia [3].

Severe preeclampsia can cause headaches, blurred vision, difficulty tolerating bright light, weariness, nausea/vomiting, urinating in little amounts, pain in the upper right abdomen, shortness of breath, and a predisposition to bruise quickly [4].

- Excess protein in your urine (proteinuria) or additional evidence of kidney difficulties are other signs and symptoms of preeclampsia.
- Severe headaches
- Vision changes, such as brief blindness, blurred vision, or light sensitivity
- Nausea or vomiting
- Decreased urine production
- Decreased platelet levels in your blood (thrombocytopenia)
- Impaired liver function

- Fluid in your lungs causes shortness of breath

What are the symptoms of preeclampsia and how can I tell if I have it?

Because a rise in blood pressure is an early indicator of preeclampsia, it's critical that your healthcare practitioner measures your blood pressure at each prenatal exam. A blood pressure reading of 140/90 mm Hg or above, reported on two separate occasions at least four hours apart, is considered abnormal. Checking your urine levels, kidney, and blood-clotting functions; an ultrasound scan to assess your baby's growth; and a Doppler scan to measure the efficiency of blood flow to the placenta are all tests that your doctor may perform [5].

What is the course of action?

The type of treatment you receive is determined by how close you are to your due date. Your health care practitioner will most likely wish to deliver your baby as soon as feasible if you are close to your due date and the baby is fully formed [6].

If your kid has not attained full development and you have a minor case, your doctor will likely advise you to perform the following:

- Rest on your left side to relieve the pressure on your major blood vessels caused by the baby's weight.
- Increase the number of prenatal visits.
- Reduce your salt intake
- Drink at least 8 glasses of water every day
- Add additional protein to your diet

If you have a severe case, your doctor may try to treat you with blood pressure medication, bed rest, dietary changes, and supplements until you are far enough along to deliver safely [7].

What can I do to avoid preeclampsia?

Preeclampsia is caused by a variety of factors that are unknown. It's supposed to be caused by poor placental function, such as insufficient blood flow to the placenta. Potential risk factors include high fat and poor diet, immune function abnormalities, genetic issues, and a family history [8-10].

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Received: 1-Jan-2022, Manuscript No: jpch-22-52643, **Editor assigned:** 3-Jan-2022, PreQC No: jpch-22-52643 (PQ), **Reviewed:** 10-Jan-2022, QC No: jpch-22-52643, **Revised:** 14-Jan-2022, Manuscript No: jpch-22-52643(R), **Published:** 21-Jan-2022, DOI: 10.4172/2376-127X.1000510

Citation: Gimovsky ML (2022) Induction of Labor and Factors Associated with its Outcome in Ethiopia A Systemic Review and Meta-Analysis. J Preg Child Health 9: 510.

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There is currently no sure-fire technique to prevent preeclampsia. Some variables that contribute to high blood pressure can be managed, while others cannot. Stick to your doctor's diet and exercise suggestions.

- Every day, drink 6-8 glasses of water
- Avoid fried foods and junk food
- Get enough rest
- Exercise regularly
- Elevate your feet numerous times throughout the day
- Avoid drinking alcohol
- Avoid caffeine-containing beverages your doctor may advise you to take the medication recommended as well as supplementary vitamins.

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