

MANAGING YOUR ECLAMPSIA

What Is Eclampsia?

Preeclampsia and eclampsia are complications of pregnancy. Preeclampsia involves high blood pressure, loss of protein in the urine (which means kidney damage), and swelling of the feet that starts after the 20th week of pregnancy. Eclampsia is also called toxemia of pregnancy or seizures of pregnancy. It's the life-threatening occurrence of seizures (convulsions) or coma in a woman with preeclampsia. It can also occur when there's no preeclampsia. The seizures aren't related to a brain disorder. Eclampsia usually occurs after 20 weeks of pregnancy or less than 48 hours after delivery. Eclampsia that occurs before or after those times is called atypical eclampsia.

Eclampsia isn't common. It occurs in 1 in 2000 to 3000 pregnancies. It's much more common in women with preeclampsia. Of those women, 2% to 4% get eclampsia.

What Causes Eclampsia?

The exact cause is unknown. Higher risks are related to having multiple babies or a first-degree relative (sister or mother) who had eclampsia. The occurrence is 3.6% in women with twins. Hypertension (high blood pressure) that's not controlled or that existed before, kidney disease, being 35 or older, being African-American, diabetes, and first pregnancy are other risk factors.

What Are the Symptoms of Eclampsia?

The major symptom is seizures. Seizures usually start as facial twitching and then spread to a general seizure. After the seizure, amnesia, agitation, and confusion occur. Other symptoms are general fluid retention (edema) with rapid weight gain, muscle aches and pains, lasting headache in the back of the head, and stomach pain.

How Is Eclampsia Diagnosed?

The health care provider makes a diagnosis from the medical history and physical examination. Laboratory tests of blood and urine are done to rule out similar disorders. For persistent or worsening headaches, the health care provider may want X-rays including computed tomography (CT) or magnetic resonance imaging (MRI) of the brain to rule out other causes of headaches.

How Is Eclampsia Treated?

Because serious permanent harm can come to mothers and babies, eclampsia is usually managed by a team of health care providers. Obstetricians and specialists in care of newborns and critically ill people are important members of the team. Treatment takes place in the hospital. In treating eclampsia, the mother must be stabilized. Oxygen is given, a stable blood pressure must be maintained, and laboratory abnormalities must be corrected. Magnesium is given for seizures. Intravenous fluids and medicines are given to make sure the mother and baby are hydrated and to keep blood pressure steady until delivery. The baby's heart rate will be monitored. The obstetrician will decide after checking the mother and baby when delivery can be performed.

DOs and DON'Ts in Managing Eclampsia

- ✓ **DO** remember that eclampsia is a serious illness. The mortality rate for women with eclampsia averages 5%.
- ✓ **DO** get early and regular medical care so that there is an early diagnosis and treatment of conditions such as preeclampsia. Treating preeclampsia may prevent eclampsia.
- ⊗ **DON'T** ignore symptoms. Call your health care provider if your symptoms don't improve or they get worse with treatment. Call if you get new symptoms.

⊗ **DON'T** use any medicines (including over-the-counter and herbal products) without first asking your health care provider.

⊗ **DON'T** smoke or use any tobacco products.

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FOR MORE INFORMATION

Contact the following source:

- American College of Obstetricians and Gynecologists: Tel: (202) 638-5577; Website: <http://www.acog.org>

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