

Preeclampsia: what we check and why

Preeclampsia usually causes no symptoms at all in its early stages. That is the single most important thing to know about it, and the reason we check even when you feel completely well.

What it is

Preeclampsia is a condition of pregnancy that starts in the placenta and shows itself as high blood pressure, usually after 20 weeks. It can affect your kidneys, liver, blood clotting and brain, and it can slow your baby's growth or mean your baby needs to be born early.

It affects around 3–4 in every 100 pregnancies in Australia. Most women who get it have a good outcome, because it is picked up and managed. That is what all the blood pressure checks are for.

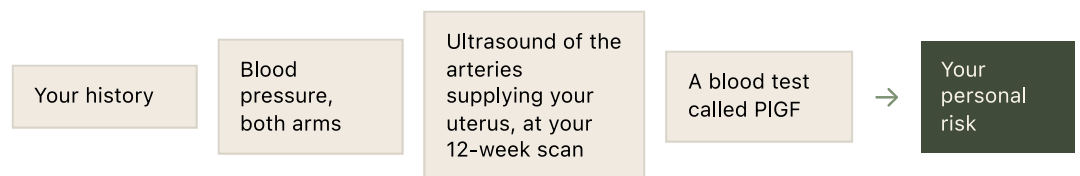
What we check, and when

YOUR FIRST VISIT

We go through your medical history, your family history, previous pregnancies, your blood pressure and your general health. This tells us whether you are at higher-than-average risk. Being higher risk does not mean you will get preeclampsia — it means we watch more closely and can offer aspirin to lower the risk.

11–14 WEEKS OPTIONAL

A more detailed screening test that combines four things into a single risk estimate. Together these pick up around **9 in 10** of the women who go on to develop the early, more serious form of preeclampsia.



Two things to know: the PIGF blood test is **not covered by Medicare**, so there is a cost — please ask us what it is. And the ultrasound measurement needs to be requested specifically, so it must be on your referral. The test is optional; if you decide not to have it, we still assess your risk from your history and watch you carefully.

EVERY VISIT AFTER THAT

Blood pressure and urine. It takes two minutes and it is how preeclampsia is usually found.

SOMETIMES

If you are at higher risk, we may take baseline blood tests early on so we have something to compare against later, and arrange extra ultrasounds to check your baby's growth.

IF YOU'RE AT HIGHER RISK

We will usually recommend **low-dose aspirin**, started before 16 weeks and continued until around 36 weeks. It reduces the risk substantially, and there is a separate sheet about it. We may also suggest a calcium tablet if you don't eat much dairy.

Please get checked the same day if you have

SAME DAY. NOT TOMORROW.



A bad headache that doesn't go away with paracetamol



Changes in your vision — flashing lights, blurring, spots



Pain under your ribs, especially on the right side



Sudden swelling of your face, hands or feet



Your baby moving less than usual

Nausea or vomiting that starts in the second half of pregnancy also needs checking. These can all happen in ordinary pregnancies too — get checked anyway. We would far rather see you and find nothing.

Do not wait for your next appointment, and do not wait until morning. Call the rooms on **03 8400 6193**, or go to your maternity hospital's assessment unit.

After the birth

Preeclampsia can appear or worsen in the first days and weeks **after** your baby is born. Keep an eye on the same warning signs, and have your blood pressure checked as advised, even if everything went well.

And in the years after

Having had preeclampsia raises your long-term risk of high blood pressure, heart disease and stroke. It is worth telling your GP, and worth having your blood pressure, cholesterol and glucose checked every year or two from then on. It is useful information about your health, not just about this pregnancy.

If you are worried, call us. That is what we are here for.

Rooms 03 8400 6193
Urgent after hours 0459 706 061