

## **Things women should know**

Pre-eclampsia is a medical term for a disorder which occurs in women during pregnancy, or while they are giving birth, or after birth. It is characterised by sudden increase in blood pressure, presence of protein in the urine and swelling of the leg and foot, known as “oedema.”

Pre-eclampsia is life-threatening for both the mother and the foetus and occurs in about 2.5 to 3 women in every 100. Pre-eclampsia can develop into more complex illness, affecting mother’s renal, liver and blood clotting functions, as well as pulmonary oedema. It may also lead to placental abruption (separation of the placental lining from the uterus). It may also cause preterm, fetal distress, intrauterine growth restriction, or even the death of the foetus.

If poorly looked after, pre-eclampsia can lead to eclampsia, a more serious complication. With eclampsia, seizures may occur at any time and may result in the sufferer falling into a coma, brain damage, or possibly maternal or fetal death.

Women who suffered pre-eclampsia in a previous pregnancy, or suffer from chronic hypertension, or are diabetic, or have kidney disorders are more likely to come down with pre-eclampsia.

Women who have been pregnant before, or are too young, or too old to have babies are also vulnerable. Using low doses of antiplatelet (anti-bleeding) agents might reduce the risk of pre-eclampsia.

Proper prenatal care is important to control pre-eclampsia. If the condition is mild, the affected woman should get more rest and should keep checking on her condition and that of the foetus. But in severe cases, a doctor may suggest induced labour to bring out the baby.

Postnatal counselling is also important since about 10 per cent of cases may recur after the baby is born.