**Knowledge Check Test**

**The most common causes of Preeclampsia/Eclampsia**

(check only the wrong answer)

1. Hypertension:

* The most common medical complication during pregnancy,
* This is not the leading cause of maternal death worldwide,
* affects 5-10% of pregnancies

2. Preeclampsia higher in…

* Extremes of maternal age (young, old)
* Blacks
* Twins
* Large placental mass
* Mixed racial couples

3. Preeclampsia definition:

* An increase in BP >140/90 past 20 weeks’ gestation accompanied by proteinurea
* Untreated is progressive disease
* Untreated it not a progressive disease

4. Preeclampsia length of time:

* Most often last 10 weeks of pregnancy
* Most often last 15-20 weeks of pregnancy
* During labor
* First 48 hours

5. Categories of preeclampsia:

* Mild
* Severe
* Both
* None of the above

6. Eclampsia

* The development of seizures or coma in preeclamptic women.
* Affects approximately 19% of preeclamptic patients
* Affects approximately 10% of preeclamptic patients

7. Maternal complications of preeclampsia:

* Increased perfusion to organs
* Decreased perfusion to organs
* Systemic vasospasms
* Vascular damage
* Coag abnormalities

8. HELLP syndrome:

* Hemolysis
* Elevated liver enzymes
* Low blood pressure
* Low platelet count

9. Fetal risks:

* SGA
* Fetal hypoxia
* Prematurity
* Oversized baby at birth
* Over-sedation at birth due to Mag given to mom

10 Severe preeclampsia:

* BP > 160/110 on 2 occasions 6 hours apart
* Proteinurea 3-4+ on dipstick
* May see weight gain >2 lb. / week
* Edema, if present, worsens
* Increased Hct, Elevated liver enzymes
* Decreased platelets
* Increased platelets
* Cerebral symptoms
* Hyperreflexia of DTRs
* Oliguria
* Pulmonary edema with cyanosis
* IUGR
* Epigastric pain (WATCH FOR SEIZURES!)

11. Eclampsia manifestations:

* Onset of seizures (grand mal)
* May elapse into a coma
* Low blood pressure

12. Antepartal management:

* Only known cure is birth
* Mild –can be hospitalized, can remain home
* Severe- birth may be induced (even premature)
* Eclampsia- immediate treatment often in an ICU
* None of the above

13. Fetal record movement:

* Filled out by mother
* Increased movement may indicate fetal compromise
* Decreased movement may indicate fetal compromise

14. Nonstress test (NST):

* Mother indicates fetal movement while hooked to an EMF
* Reactive result is healthy (2 accels > 15 bpm for > 15 secs)
* None of the above

15. Amniocentesis:

* Aspiration of AF in third trimester
* Determines fetal lung maturity
* Discontinue seizure precautions

16. Meds given commonly that lower BP:

* Mag sulfate (antiseizure also)
* Hydralazine hydrochloride
* Potassium
* Labetalol hydrochloride
* Nifedipine
* Sodium Nitroprusside (\*rapid)

17. Postpartum management:

* Improvement rapid
* Seizure precautions continued for 48 hours
* Mag sulfate infused for 24 hours
* May continue antihypertensive meds
* Do not require monitoring after delivery
* Monitor for worsening of symptoms