

Patient information from BMJ

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Pre-eclampsia: what are the treatment options?

Pre-eclampsia is an illness that women can get when they're pregnant. It includes having high blood pressure in the later stages of pregnancy, from about 20 weeks.

For many women, it's so mild that they don't even know they have it. But pre-eclampsia always needs to be taken seriously. It can make you and your baby very ill. To read more about what happens in pre-eclampsia and its symptoms, see the leaflet *Pre-eclampsia: what is it?*

Here, we look at ways to prevent and treat pre-eclampsia.

If you have the condition, your doctor may suggest drugs to lower your blood pressure. You may need to go to hospital to rest until your baby is born. You may even need to have your baby early. Pre-eclampsia doesn't get better until after your baby is born.

Treatments to help prevent pre-eclampsia

If your doctor thinks that you have an increased chance of pre-eclampsia, a specialist might recommend treatments.

You should always talk to your doctor before taking medicine when you're pregnant. Your doctor can tell you whether it's safe for you and your baby.

If you have a higher-than-usual chance of getting pre-eclampsia, taking a low dose of **aspirin** every day might help prevent it. If you can't take aspirin, there are similar drugs that your doctor can prescribe instead.

Calcium supplements can also reduce your chance of pre-eclampsia. They're helpful if you don't get much calcium in the foods you eat.

Treatments for high blood pressure

If you have high blood pressure while you're pregnant, you may be given treatment to lower it. Drugs that lower your blood pressure include some **beta-blockers**, **calcium channel blockers**, and **drugs to relax your blood vessels**. They can all lower your blood pressure, but we do not know if they can stop pre-eclampsia getting worse.

Pre-eclampsia: what are the treatment options?

Drugs to lower your blood pressure can have side effects. Most of them can cause headaches and an upset stomach. Taking some beta-blockers may mean your baby doesn't grow quite as quickly. Your doctor will explain the side effects of the drug you're taking.

Doctors usually suggest you get plenty of rest if you're pregnant and have high blood pressure. You'll also need regular check-ups. You may be asked to rest in bed at home, go to a hospital or clinic during the day, or stay in hospital until you have your baby.

Treatments for severe pre-eclampsia

If you have severe pre-eclampsia, you'll need to be looked after in hospital. You may need to have your baby early. If it's too early for your baby to be born, you'll have treatment to keep you and your baby healthy until you're ready.

The treatment you have in hospital will focus on:

- monitoring you and your baby closely
- controlling your blood pressure
- deciding whether your baby needs to be born early, and how and when this should happen, and
- controlling seizures that can sometimes happen to women with pre-eclampsia.

You'll be given **drugs to lower your blood pressure**. If your blood pressure is very high, you'll probably have them as injections.

Severe pre-eclampsia can lead to seizures. Having a seizure can be dangerous for you and your baby. So you may be given a drug called **magnesium sulfate** to prevent seizures. It's given as injections or a drip.

If you and your doctors decide you need to have your baby early, there are two choices. You may be given drugs to make you go into labour. This is called **inducing labour**.

Or you can have an operation. A surgeon makes a cut in your tummy so your baby can be born. This is called a **caesarean section**. You're more likely to have a caesarean if you're less than 32 weeks pregnant. That's because it is harder to start up labour at that time.

If you need to have your baby early, you may be given an injection of steroids before he or she is born. These help your baby's lungs to get ready for birth, and make it less likely he or she will be born with health problems.

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