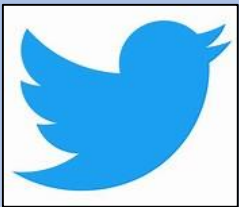


# Pre-eclampsia

For the reluctant obstetrician...

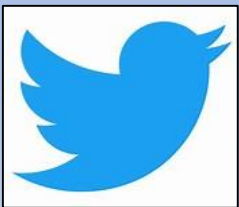
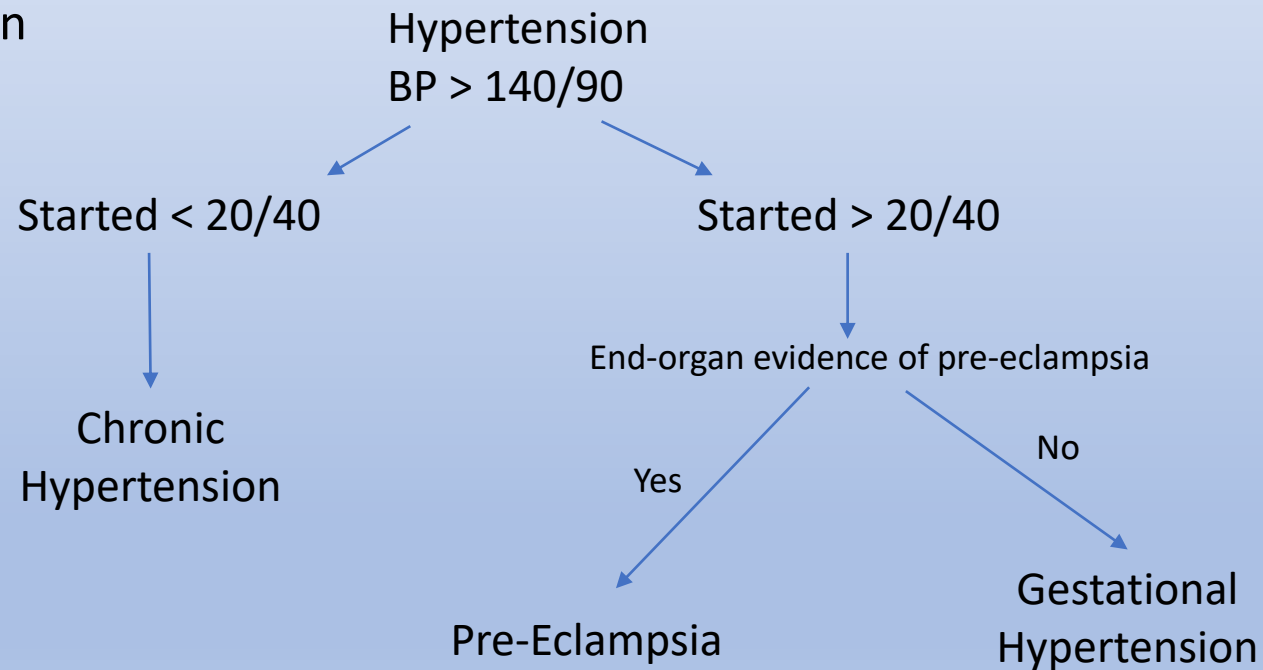


@Obcast



# Pre-eclampsia

- Poorly understood pathogenesis, multi-system disorder of placentation affecting mum and baby
- $> 20 / 40^*$
- DDx of Hypertension



@Obcast



# Pre-Eclampsia

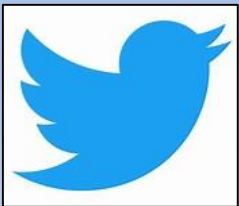
- BP > 140/90\* + any of:
  - Kidney involvement
    - Urine protein [dipstick >+ suggestive], protein:creatinine ratio > 30
    - Oliguria/Elevated Cr
  - Neurological
    - Headaches, visual changes, hyperreflexia, clonus\*
    - Seizures = Eclampsia
  - Hepatic [transaminitis -> subcapsular haematoma/rupture]
  - Haematological [haemolysis, thrombocytopenia, DIC]
  - CVS [pulmonary oedema]
  - Fetal [ IUGR]



# Pre-Eclampsia

## Management Principles

- Cure = Delivery\*
- Balance maternal condition vs. prematurity
- BP lowering if  $>160/100$ , emergently  $>170/110$ 
  - Aim 140/90
- Seizure prophylaxis if severe [MgSO<sub>4</sub>]
- Corticosteroids if premature ( $<35$  weeks)



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# Pre-Eclampsia

## Antihypertensive Agents/Doses for Acute Lowering of BP

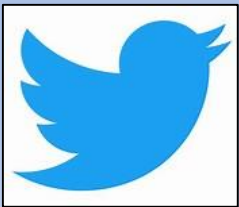
- Nifedipine 10-20mg PO, repeat q30-40min to max 80mg
- Labetalol 20mg IV, then 40mg IV after 10min
  - Infusion Labetalol 20-160mg/hr
- Hydralazine 5mg IV, repeat dose after 20min
  - Infusion: Hydralazine 5-20mg/hr

## Magnesium Sulphate (if severe or pending eclampsia)

- MgSO<sub>4</sub> 4g IV over 30min, then 1g/hr
  - NNT 90 for seizure prevention
- Monitor for Mg toxicity (especially if oliguric) – hyporeflexia -> hypoventilation -> cardiac effects
  - NNH 200 for Mg toxicity
  - Mx = 10% calcium gluconate 10mL, then repeat if necessary

# Pre-eclampsia

For the reluctant obstetrician...



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