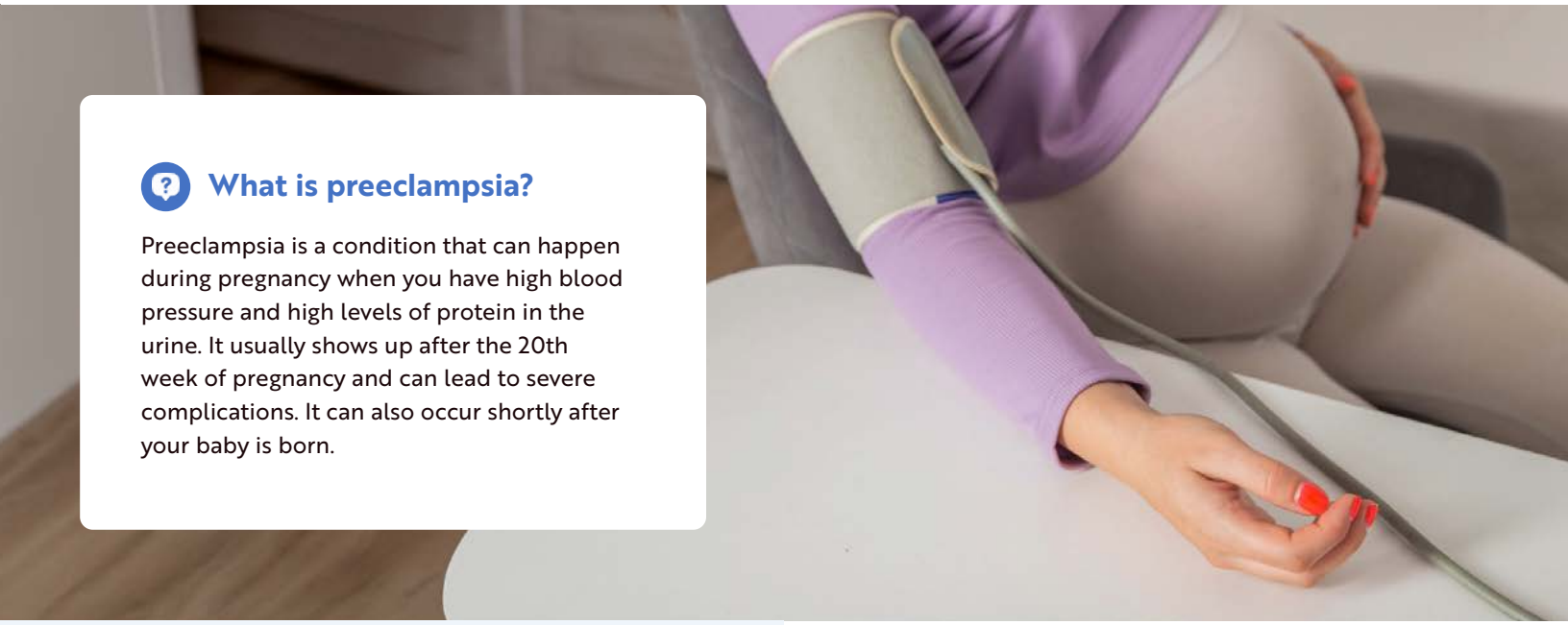
Preeclampsia Awareness and Prevention During Pregnancy



What is preeclampsia?

Preeclampsia is a condition that can happen during pregnancy when you have high blood pressure and high levels of protein in the urine. It usually shows up after the 20th week of pregnancy and can lead to severe complications. It can also occur shortly after your baby is born.

Who is at risk?

You may be at higher risk for preeclampsia if you:

- Are pregnant for the first time
- Are younger than 20 or older than 40
- Had preeclampsia in a previous pregnancy
- Have a family history of preeclampsia or high blood pressure
- Are carrying more than one baby
- Are living with obesity
- Had diabetes or certain health conditions before pregnancy
- Had a new partner with this pregnancy
- Are Black or of African descent, Indigenous or a newcomer (due to unequal access to healthcare, language barriers, or discrimination, rather than biological factors)

What are the signs and symptoms?

- High blood pressure (monitored by your prenatal healthcare provider)
- Headaches felt at the front of the head and/or between the eyes that do not go away (even after taking acetaminophen [e.g., Tylenol or generic brands])
- Visual changes such as blurred vision or seeing spots
- Pain that does not go away in the upper right side of the abdomen (where the liver is)
- Swelling in the hands, face or feet (may, or may not, be related)
- Sudden weight gain
- Shortness of breath or chest pain

Mild preeclampsia may not cause symptoms. It is important to attend all prenatal appointments and get your blood pressure checked.

Can preeclampsia be prevented?

Early action matters. Your prenatal care provider may recommend that you take low-dose Aspirin to lower your risk of developing severe early-onset preeclampsia, even if you do not have any of the risk factors listed on the previous page.

What is Aspirin?
Aspirin, also known as acetylsalicylic acid (ASA), is a medication that can be taken in low doses to help reduce the risk of preeclampsia.

When should you ask about ASA?
If you have any of the risk factors for preeclampsia, ask your prenatal care provider if starting low dose-ASA at the end of the first trimester of pregnancy can help. The dose is 162 mg (two 81 mg tablets) taken at bedtime.

How does ASA work?
ASA helps improve blood flow to your placenta, which lowers your risk of developing severe early-onset preeclampsia. It is most effective when started before 16 weeks of pregnancy. Your prenatal care provider will usually tell you to stop taking low-dose ASA at around 36 weeks of pregnancy.

Low-dose ASA is generally considered safe during pregnancy when recommended by your prenatal care provider.

Why early detection is important

Early detection of preeclampsia is important as it can lead to severe complications such as:

- **Prematurity:** Preeclampsia can increase the likelihood of your baby being born prematurely (before 37 weeks).
- **Babies that are small for gestational age (SGA):** Preeclampsia can lead to restricted growth, meaning your baby may be smaller than expected for their gestational age.
- **Organ damage:** Preeclampsia can cause damage to vital organs such as your kidneys and liver.
- **Eclampsia:** A life-threatening condition where seizures occur, which can be dangerous for both you and the baby.

Follow-up care matters. High blood pressure during pregnancy can increase the risk of heart disease later in life. Regular follow-ups with your healthcare provider after your baby is born are important until your blood pressure stabilizes. Heart health screening and future pregnancy counselling are also recommended six months after giving birth.

What you can do

- **Be proactive:** If you are at higher risk for preeclampsia, ask your prenatal care provider about starting low-dose ASA.
- **Monitor your health:** Attend all prenatal appointments to keep track of your blood pressure and overall health, and to screen for other issues that may be caused by preeclampsia, such as growth problems for your baby.
- **Report symptoms:** If you experience any concerning symptoms, contact your prenatal care provider right away.

Seek immediate care if you have severe headaches, blurry vision, sudden swelling in your hands, face or feet, or pain in your abdomen.

Remember: Preeclampsia can still occur in individuals without known risk factors. Early detection, including possibly starting low dose-ASA early in pregnancy, can make a big difference. Always talk to your prenatal care provider to create a personalized plan that works for you and your baby.

This fact sheet is for general information only and does not replace medical advice, diagnosis or treatment.

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