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**Pre-eclampsia** is defined as a multisystem disorder that only occurs during pregnancy after 20 weeks gestation and up to 1 month post-partum.[1] Pre-eclampsia is diagnosed by either a:

- systolic blood pressure (SBP) ≥ 140 mmHg and/or
- diastolic blood pressure (DBP) ≥ 90 mmHg plus one or more of:
  - neurological problems
  - proteinuria
  - renal insufficiency
  - liver disease
  - haematological disturbances
  - foetal growth restriction.

Pre-eclampsia and eclampsia are leading causes of perinatal and maternal morbidity and mortality. They can lead to placental abruption, DIC, cerebral haemorrhage, hepatic failure and acute renal failure.

**HELLP** syndrome is considered a variant of severe pre-eclampsia (Haemolysis, Elevated Liver enzymes and Low Platelets).

**Risk factors for pre-eclampsia:**[2]

- primigravida
- history of pre-eclampsia
- gestational hypertension
- extremes of maternal age
- renal disease
- diabetes
- obesity
- family history
- multiple pregnancies

The key principle to pre-hospital management of this condition is supportive care and the prevention of eclampsia, with the latter defined as the occurrence of one or more seizures superimposed on a history of pre-eclampsia. If eclampsia develops, the focus of management is to terminate any seizures in order to prevent maternal and any subsequent foetal hypoxia.
**Risk assessment**

- fluid administration should be conservative due to the risk of pulmonary oedema
- patients suspected or diagnosed with severe pre-eclampsia are considered high risk of eclampsia

**Definitive care**

The cure for pre-eclampsia is delivery of the placenta; therefore continued gestation post-diagnosis is based on a balance between potential maternal morbidity and continued foetal development, with both patients requiring close surveillance. Drug therapy often includes anti-hypertensive drugs and antenatal corticosteroids to accelerate foetal lung maturation.[3]

**High risk of eclampsia?**

- CNS dysfunction
- Severe pre-eclampsia

**Consider:**

- IV fluid
- Magnesium sulphate

**Eclampsia:**

- 1st line of treatment is magnesium sulphate
- 2nd line of treatment is midazolam if magnesium sulphate is unavailable or seizure prolonged

*Most common cause of seizure in pregnancy is epilepsy due to reduced seizure threshold*

**Note:** Officers are only to perform procedures for which they have received specific training and authorisation by the QAS.