

## What about my baby?

The spasm of the blood vessels can cause decreasing blood flow to the placenta. That sometimes means the baby is not fed as well as it likes, so its growth rate might slow. You might need a scan to check your baby if there is any doubt about its size and or growth.

Very rarely, women with GPH will suffer an abruption or early separation of the placenta from the uterine wall. This may mean you need urgent delivery:

## How is GPH treated?

This depends on its severity and how far through the pregnancy you are.

The only way to stop the process is to deliver baby and even then the GPH may get worse for a few days before it gets better.

While we are assessing to see if you have GPH, you may be admitted to hospital. If there is no good evidence of GPH you will probably be discharged home again with close follow up organised.

If you have GPH you will be admitted to hospital. What happens then depends on your gestation (how far through the pregnancy you are) and the severity of the disease:

If your condition is mild and it is desirable to let your baby grow and mature a bit more before delivery you will be asked to rest as much as possible.

In hospital you will have daily monitoring of blood pressure, urine and weight. Your symptoms will be checked and you will have blood tests every few days.

Your baby's wellbeing will be checked with heart rate tracings each day and a check on

Medication may be given to lower blood pressure. If your condition is severe you will need to deliver your baby. If this is before 32 weeks gestation or we have particular concerns about your health you may need to be transferred to National Women's Hospital, Auckland either before or after the delivery. This will be fully explained and discussed with you should this be necessary.

## What can I do?

Be aware of the signs and symptoms of GPH and contact your midwife immediately if they occur.

Take notice of the advice to rest more or finish work if necessary.

If you have any concerns contact your LMC

## Your Midwife is

.....

## Contact number

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Northland Health  
Hauora o te Taihōpuni

Maternity Service Unit  
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PO Box 742  
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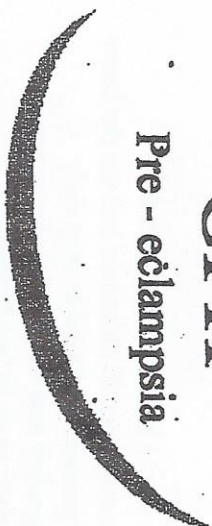
Maternity Services Unit  
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Northland Health  
Hauora o te Taihōpuni

# GPH

## Pre - eclampsia



## What is it?

## How serious is it?

## How is it managed?

Northland Maternity Services Unit

## What is GPH or

### Pre-Eclampsia?

It is an illness which occurs only within or recently after pregnancy.

About 5% of pregnancies are affected.

It is characterised by high blood pressure, rapid swelling and protein in your urine.

It has many names, including GPH (gestational proteinuric hypertension) and toxæmia.

### What causes it?

The cause is still unknown but we do know the process is started in very early pregnancy and usually only becomes obvious to us in late pregnancy.

### Who gets it?

About 5% of pregnant women. It is more

common in

- First pregnancies
- Women with high blood pressure before pregnancy
- Twin pregnancies
- Women with a family history of pre-eclampsia.

### Is it serious?

Yes. It is serious. It can affect both you and your baby.

In most cases, both the mother and baby are well, but occasionally with or both of them become very seriously unwell. This can happen quickly, that is in just a few hours. This is why we need to check you frequently.

### What happens to me?

You will usually feel fine with no symptoms at all. But almost every part of your body has or can be affected by the disease.

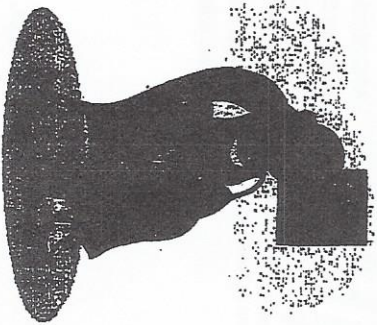
The extra fluid you retain causes swelling (oedema) not just in your feet and hands, but also in your internal organs (liver, kidneys, brain etc).

Blood vessels in all of your body narrow in spasm, which decreases the amount of blood flow to many of your organs and causes the blood pressure to rise.

The clotting cells (platelets) in your blood are then removed from your blood stream by your spleen and liver. If this becomes severe the platelets become depleted and your blood doesn't clot properly, and your liver can become damaged.

These various processes usually occur only to a minor degree, but very rarely some or all of them may become severe and can lead to convulsions (fits), kidney and liver failure and generalised bleeding.

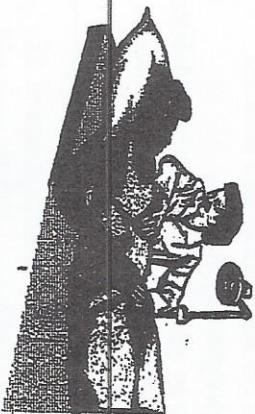
Deterioration can be very rapid, so we need to know from you if you are having any of the symptoms of GHP so we can check to make sure there's no sudden changes.



### What are the symptoms?

- Headache especially if persistent and not responding to panadol.
- Blurred vision or flashing lights in your vision.
- Rapid swelling
- Severe or persistent pain in the upper abdomen or between the shoulder blades.
- Shortness of breath

If you experience any of these symptoms please notify your midwife or doctor at the time. Do NOT wait until the next day! We would like to see and assess you as soon as possible.



### What will my Midwife or Doctor do?

- They will
- Ask you about your symptoms
  - Check your blood pressure
  - Check your urine test
  - Check your reflexes
  - Look for oedema (swelling)
  - Check your babies heart beat.

- They may also
- Order urine and blood tests
  - Admit you to hospital