



Preeclampsia-Screening – an assessment of individual risk

Important information about preeclampsia

- The old name toxæmia (German for: pregnancy poisoning) is somewhat misleading. It suggests that there is some kind of toxic reaction in the pregnancy. Fortunately this is not completely true.
- Preeclampsia **occurs in 2-5%** of all pregnancies and is one of the most common and also serious problems for both mother and child.
- According to current knowledge preeclampsia is **caused by a combination of maternal cardiac factors** as well as congenital maternal **metabolic components** and also factors arising from the placenta. The exact causes of preeclampsia are only partly understood.
- Once **preeclampsia** has developed it **cannot be “cured” during pregnancy**.
- Especially the **early (severe) form** commonly leads to preterm delivery. The symptoms of preeclampsia only go away after delivery, sometimes with a certain delay.
- **The typical symptoms** – even without earlier known conditions – **only develop during pregnancy**. These are: hypertension over 140/90 mmHg, losing protein in your urine, oedema in the hands and feet and fast increase of weight. Headaches, visual sensations, nausea, pain in the right upper abdomen, and anomalies of the liver function. **Reduced growth** of your baby also follows which leads to **fetal distress**.
- **Late (mild)** and the **early (severe)** forms are differentiated. The late form occurs after 37 weeks and rarely causes severe problems. The early form occurs already before week 34 and delivery mostly has to be induced due to imminent fetal or maternal distress.
- Preeclampsia commonly **occurs in consequent generations** of the same family (between sisters or mother-to-daughter) and also in **consecutive pregnancies** of the same woman.
- An **accurate assessment is possible** already in the first trimester (**95% detection rate** for the severe form) and **already before clinical symptoms occur**. Screening at the same time as the combined test allows preventive measures, which can prevent or reduce the severity of preeclampsia.
- **Severe preeclampsia can result in severe complications for both mother and newborn.**
- **The first pregnancy poses a 5x risk for developing preeclampsia.**
- Some known factors increasing the risk for preeclampsia are: being overweight, having diabetes or certain forms of renal disease, autoimmune diseases or certain metabolic conditions. Having had preeclampsia or history of preeclampsia in the family also increases the risk of recurrence.

How is the test done?

- Screening for preeclampsia is done **at the time of the combined test** at 12 to 14 weeks.
- The **blood flow to your womb** will be measured by ultrasound
- **Blood pressure** will be measured on both arms
- A **detailed history** of possible risk factors (both personal and familiar) will be evaluated
- A small **blood sample** will be drawn (if done together with combined test no additional blood will be drawn).

The screening identifies 95% of mostly asymptomatic women at risk of developing early severe preeclampsia.

The occurrence of a severe disease can be prevented, or the symptoms can be reduced by a personalised management and a prophylaxis. This treatment is only effective if started before 16 weeks.

Screening for preeclampsia is not part of your Mother-Baby Pass management and is not covered by your social insurance. **The screening costs € 90,-.**

I have been counselled about the screening test for preeclampsia (risk assessment) and I wish to have the test performed. I have provided all relevant information to the best of my knowledge.

YES NO

Date _____

Signature _____