

Facts about pre-eclampsia

Pre-eclampsia is a pregnancy related disorder and is also known as **toxemia of pregnancy**. The first visible symptoms are elevated blood pressure and high levels of protein in urine (proteinuria).

Pre-eclampsia might lead to severe complications for both the mother and baby, necessitating induced labor and **pre-term birth**.

More than **4.1 million** women suffer from pre-eclampsia worldwide every year.

A screening test in weeks 10-13 of pregnancy can reliably predict the individual risk of a woman to develop pre-eclampsia during her pregnancy.

If a woman is at high risk for pre-eclampsia the treating physician can counsel accordingly and advise for **preventive measures** in order to **avoid severe complications for mother and child**.

For further information please ask your physician!

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Clinical Diagnostics

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Patient information

What you should know about pre-eclampsia

Dear patient,

Pre-eclampsia is a rare disorder which can only occur during pregnancy. Sometimes this condition is associated with severe complications for both mother and baby. It is, however, possible to determine your individual risk of developing pre-eclampsia very early in pregnancy, weeks before first clinical symptoms are seen.

An early diagnosis and associated possible treatments are extremely important to avoid severe complications for you and your baby.

This patient information summarizes existing information concerning pre-eclampsia and can help you in preparing your next visit to your treating physician. Only your physician can advise if a screening for pre-eclampsia is applicable for you, so please do not hesitate to ask questions and discuss with your physician.

We wish you and your child all the best!



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What are the causes of pre-eclampsia?

The exact cause why some women suffer from pre-eclampsia during their pregnancy is unknown. Scientists have shown that during pre-eclampsia the concentrations of several substances deriving from the placenta (PIGF, PAPP-A, sFlt-1) are either too high or too low compared to a healthy pregnancy. These differences can be detected very early in pregnancy and will lead to different signs and symptoms of pre-eclampsia later on in pregnancy.

Complications for mother and child

Pre-eclampsia is a progressive disorder with initial symptoms of elevated blood pressure and proteinuria. Additional symptoms such as headache, pain, blurred vision or edema characterize the next stage of the disease, which is termed HELLP-syndrome (Haemolysis, Elevated Liver Enzymes Levels, Low Platelet Count).

If the health status of the pregnant woman worsens it might become necessary to remove the sick organ – the placenta – and therefore induce labor before term. It is very important to see a physician as soon as first signs of a HELLP-syndrome such as impaired vision, pain or rapid weight gain occur.

Pre-eclampsia is a major cause for preterm delivery. As a consequence of the disorder the baby might not be supplied with sufficient nutrients and oxygen during pregnancy, leading to a child too small and too light at birth.

Risk factors

There are several conditions which can increase the risk of a woman in developing pre-eclampsia, including:

- Previous history of pre-eclampsia affected pregnancy or family history of pre-eclampsia (i.e. mother or sister had pre-eclampsia)
- Pre-existing high blood pressure or Diabetes mellitus or renal disease or obesity
- Age above 40 years or below 18 years

A risk factor can hint that a woman might develop pre-eclampsia, but it is not a precise prediction.

What does “screening for pre-eclampsia” mean?

A screening test helps to detect the individual risk of a pregnant woman to develop pre-eclampsia later on in pregnancy. The screening test consists of four examinations (see picture), which can all be conducted during a single physician’s visit.

The time point of the screening is very important. Scientific studies have shown that preventive measures for women with an increased risk of developing pre-eclampsia need to be taken before week 16 of pregnancy to be effective. Therefore, pre-eclampsia screening should take place in weeks 10-13 in order to start treatment in time.

Why should I find out about my individual pre-eclampsia risk?

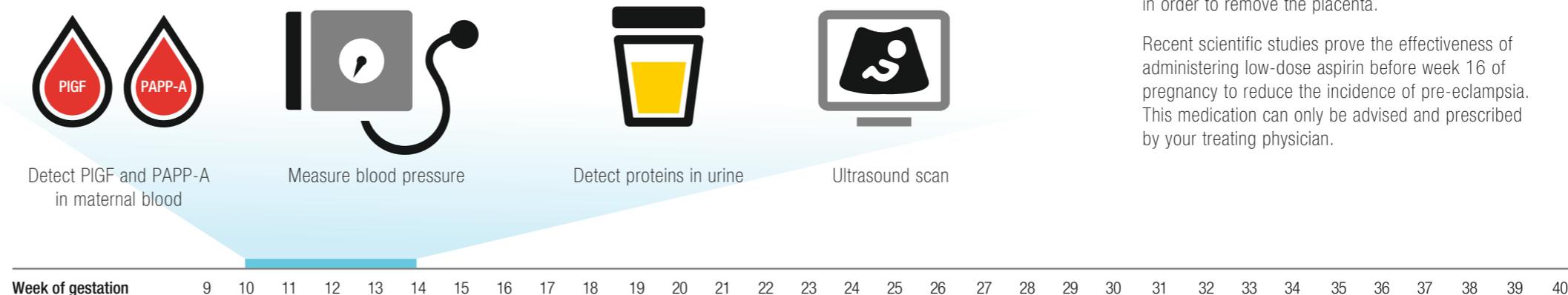
Screening for pre-eclampsia is a reliable test for assessing the risk of developing pre-eclampsia at a later stage during the pregnancy. If the screening test predicts a high risk of pre-eclampsia development, your treating physician can counsel you accordingly and advise for preventive measures. The physician can then monitor you and the well-being of your baby more often in order to react faster to any worsening of your health status.

If I am at high risk: What do I have to do?

There is no medication to cure pre-eclampsia. Your physician can treat some of the symptoms such as high blood pressure in order to stabilize the health status of the mother. The only effective cure is inducing labor in order to remove the placenta.

Recent scientific studies prove the effectiveness of administering low-dose aspirin before week 16 of pregnancy to reduce the incidence of pre-eclampsia. This medication can only be advised and prescribed by your treating physician.

Screening for pre-eclampsia in weeks 10-13



PAPP-A Pregnancy-associated Plasma Protein A
PIGF Placental Growth Factor
sFlt-1 Soluble FMS-like Tyrosine Kinase

Early-onset (severe) pre-eclampsia

First clinical symptoms of pre-eclampsia start to show in the second half of pregnancy. The earlier the onset of the disease the more complications can occur for mother and child.

Intermediate onset (medium) pre-eclampsia

Late-onset (moderate) pre-eclampsia