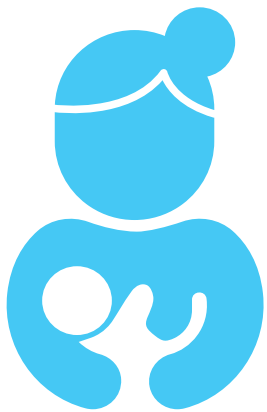




Every Week Counts

Preterm Preeclampsia Screening

What is preeclampsia?



Preeclampsia only happens in pregnancy or just after birth.

We don't know exactly why it happens, but it is likely related to how the placenta and blood vessels develop early in pregnancy. It often causes high blood pressure, and can affect your organs.

The only cure for preeclampsia is for the baby and placenta to be born. Because of this, preeclampsia is a leading cause of preterm birth.

There is a treatment available for women who are more likely to develop preeclampsia, which can lower the chance to around 2 in 100.

Who is at risk of preeclampsia?

You may have an increased chance of developing preeclampsia if you:



- Have pre-existing high blood pressure, or had high blood pressure in a previous pregnancy
- Have kidney disease or impairment
- Are diabetic (type 1 or 2)
- Are pregnant with more than one baby (e.g. twins)
- Conceived by IVF or other assisted reproductive technology
- Have an autoimmune disease
- Are pregnant with your first baby

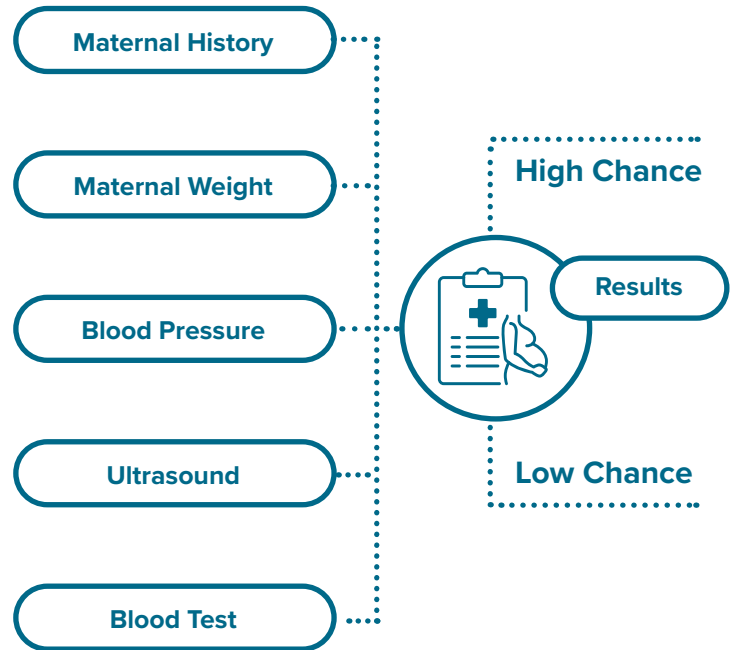
What does screening involve?

Screening for Preterm

Preeclampsia involves a few steps and tests. The screening is offered between 11-13+6 weeks of your pregnancy and can include:

- Sharing your medical history with your chosen care provider
- Having a blood test
- Checking your blood pressure
- Having an ultrasound

The results of the findings you choose to undertake are then used to calculate your chance of developing preterm preeclampsia.



Top Tip!

Talk to your care provider about what is available for you. Some tests may only be available in bigger towns, your healthcare provider may be able to help organise travel. You can bring family members to appointments and ask for an interpreter in your first language.

What do my results mean?

Low chance

You will continue with standard pregnancy care.

High chance

If you are found to be at high chance of developing preterm preeclampsia:

- You may be offered low-dose aspirin as treatment.
- You may be offered frequent check-ups and growth scans to check baby's growth.
- Your healthcare team will talk to you about safe timing of birth.
- If you live in a rural or remote area you may need to travel away from home to have your baby.
- You might spend a longer time in hospital.

What are the short-term impacts of preeclampsia?

With early detection and appropriate monitoring most women with preeclampsia remain well during pregnancy.
You may experience:

Often

- More monitoring during pregnancy
- More intervention during labour and/or birth
- Longer stay in hospital

Sometimes

- Very high blood pressure
- Increased bleeding
- Admission to intensive care

Rare

- Kidney failure
- Liver failure
- Stroke
- Fluid on the lungs
- Seizure

Very rare

Death

Most babies do well with the right care, even if born early. Serious complications are uncommon but this is why we offer screening, monitoring and sometimes aspirin.
Babies may experience:

Often

Longer stay in hospital

Sometimes

- Growth might slow down
- May be born early
- May be small
- May need extra care in a Neonatal Unit after birth

Rare

Death

Preeclampsia *in numbers*



3 in 100 pregnant women are diagnosed with preeclampsia



Screening

can identify

7 out of 10 (70%)

women who have an increased chance of developing preterm preeclampsia

Less than 1 in

100 (0.7%) pregnant women develop preterm

preeclampsia **before**

37 weeks



Taking low-dose aspirin

can lower your chance of developing preterm preeclampsia by



nearly two-thirds (62%).

Around 1 in 200 (0.4%)

pregnant women develop preeclampsia

before 34.5 weeks





Australian Preterm
and Early Term Birth
Prevention Program

Do you need more information?

If you have any further questions, you should contact your healthcare professional.

More valuable information can also be found at:

The Pre-eclampsia Foundation

www.Pre-eclampsia.org/aspirin



Australian Action on Pre-eclampsia

www.aapec.org.au

