

3.5 Management of preeclampsia (20 minutes)

WHO recommendations

Recently the WHO has provided guidelines for treatment of preeclampsia in low resource settings. It is optional to read these guidelines: [WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia](#). Because it is optional to read this document, no time has been scheduled for reading.

A summary of these facts and recommendations is as follows:

- Ten percent of maternal mortality in Africa is due to hypertensive disorders in pregnancy (gestational hypertension, preeclampsia, eclampsia), most of these maternal deaths are avoidable.
- Women at high risk for developing preeclampsia should take 75 mg acetylsalicylic acid (aspirin) daily.
- Calcium supplementation (1.5-2.0 grams daily) is recommended in settings with low calcium intake.
- Women with severe hypertension require treatment in pregnancy.
- Women with severe preeclampsia at pre-viable gestational ages should be delivered.
- Women with severe preeclampsia above 34 weeks, delivery should be considered.
- Women with severe preeclampsia at term should be delivered.
- Women with severe preeclampsia prior to 34 weeks, can be expectantly managed as long as the maternal and fetal status is stable (no uncontrolled hypertension, labs not worsening, fetal heart tones category I).
- Women with mild preeclampsia or gestational hypertension, induction of labor at term is recommended.
- Antihypertensives should be continued in the postpartum period until blood pressure normalizes.
- It is not recommended to treat patients with mild or severe preeclampsia with bed rest, Vitamins C,D, or E, or diuretics.

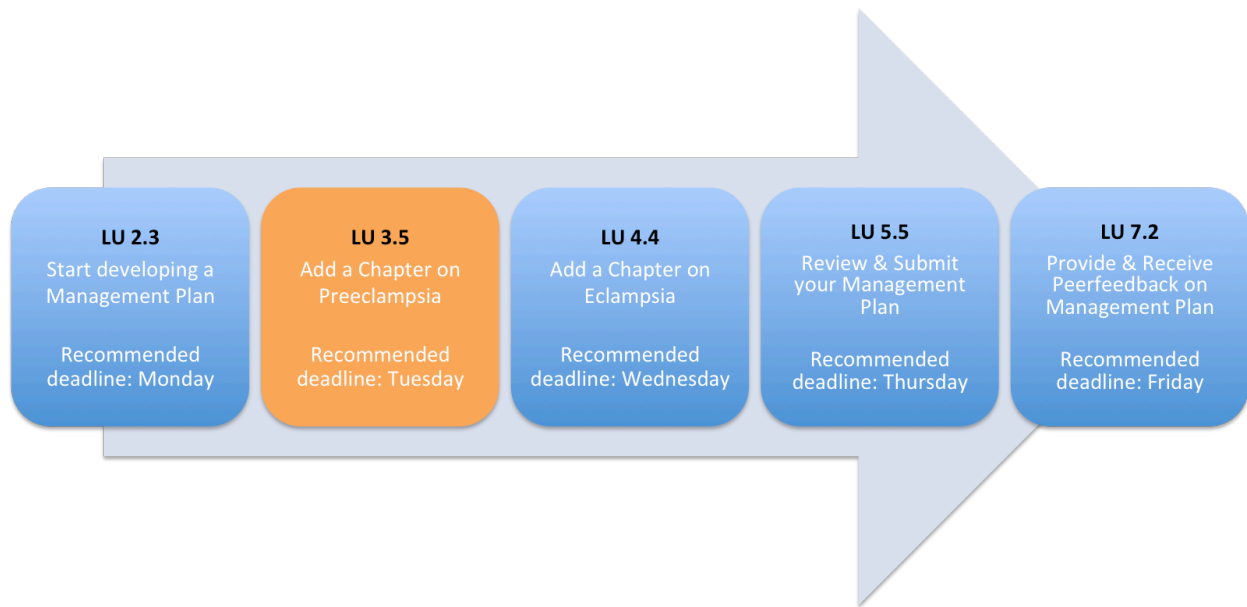
Management plan

Now you are asked to work further on the management plan you have created in Learning Activity 2.3.

Please open your management plan:

- First, take another look at the comments you've received from your colleagues on the management plan 'Gestational hypertension'.

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- Add a new chapter called: '**Preeclampsia**'.
- This new chapter of the management plan will be written for the case history which has been introduced in Learning Activity 3.2. It is about a 28-year old Rwandan woman, G1P0, who came to her local health center at 26 weeks of pregnancy. She presented with a mild headache, palpitations and progressive lower limb edema over the past few days. The blood pressure was 150/100 mmHg, with a trace of protein on dipstick. There was some minimal right upper quadrant (RUQ) pain.
- Take the above WHO recommendations in consideration and write down a management plan that fits your clinical situation. What resources do you have to manage preeclampsia in your area? When is referral necessary? Do you have ultrasound? What laboratory facilities/capabilities are available to you? What medications should you start and when?