OBSTETRICS

High-Risk Pregnancy and Preeclampsia

Risk factors, monitoring and urgent warning symptoms

Original patient handbook | Evidence-aligned educational content

Prepared for patients of
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Important: This handbook provides general information. It cannot diagnose a condition, recommend individual treatment or replace emergency assessment.

How to use this handbook

Use this guide to prepare questions and recognise situations that need medical attention. Your clinician may advise differently based on your history, examination, test results and local clinical protocols.

Three principles

1. Keep scheduled follow-up. 2. Bring complete records. 3. Seek urgent care for warning symptoms.

Contents

1. What 'high risk' means

- A high-risk pregnancy needs additional monitoring because of maternal health, previous pregnancy history, fetal factors or a complication arising during pregnancy.
- It does not mean that a poor outcome is inevitable.

Prepare for your consultation

Write down the symptom timeline, medicines and supplements, previous reports and the three questions most important to you.

2. Understanding preeclampsia

- Preeclampsia is a serious condition involving high blood pressure and possible organ injury. It usually occurs after 20 weeks and can also occur after delivery.
- Some people have no symptoms, which is why blood-pressure and urine checks matter.

3. Warning symptoms

- Persistent severe headache, visual change, upper abdominal or shoulder pain, sudden breathlessness, marked swelling of the face or hands, or feeling very unwell needs prompt assessment.
- A seizure, chest pain, severe breathing difficulty or loss of consciousness is an emergency.

4. Monitoring and treatment

- Assessment may include repeat blood pressure, urine and blood tests, fetal growth monitoring and wellbeing testing.
- Treatment depends on gestation and severity and can include medication, hospital observation or delivery.

Urgent care

Do not rely on a website or PDF during an emergency. Severe or rapidly worsening symptoms require direct assessment.

Consultation checklist

Item	Ready
Know your usual blood pressure	■
Attend every planned review	■
Home-monitoring technique if advised	■
Emergency symptoms saved on phone	■
Medication plan	■
Postpartum blood-pressure follow-up	■

Questions to ask

Frequently asked questions

Can preeclampsia occur after birth?

Yes. New symptoms in the weeks after childbirth require attention even if pregnancy blood pressure was normal.

Should everyone take aspirin?

No. Preventive aspirin is recommended only for selected risk profiles under clinician guidance.

Does it affect future health?

Hypertensive pregnancy disorders can signal increased future cardiovascular risk and should remain in your medical history.

Remember

Online information is most useful when it helps you communicate clearly with your own clinical team.

References and clinical framework

This handbook is original educational content informed by the following authoritative guidance. Recommendations may change and local protocols may differ.

ACOG - Preeclampsia and High Blood Pressure During Pregnancy
https://www.acog.org/womens-health/faqs/preeclampsia-and-high-blood-pressure-during-pregnancy

WHO maternal health recommendations, 2nd edition
https://www.who.int/publications/i/item/9789240080591

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