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ECLAMPSIA

Juliet Konadu Sasu
Ghana

Blood pressure of 140/90 mmHg or more or an increase of 30 mmHg in systolic and/or 15 mmHg in diastolic blood pressure over the pre- or early pregnancy level. Predisposing factors:Primigravidae more than multigravidae,Pre-existing hypertension,Previous pre-eclampsia,Family history of pre-eclampsia.,Hyperplacentosis i.e. excessive chorionic tissue as in hydatidiform mole, multiple pregnancy, uncontrolled diabetes mellitus and fetal hemolytic diseases. Directed toward decreasing the maternal BP using inpatient hospitalization or conservative management and antihypertensive medications along with increase in dietary protein and an increase in calories, if indicated. Delivery is appropriate therapy; however, delivery may endanger the fetus due to fetal lung immaturity. Expectant management (wait and watch) can be considered if the following maternal and fetal factors are present: Controlled hypertension, Urinary protein of any amount, Oliguria (< 0.5 mL/kg/hour) that resolves with routine fluid/food intake, AST or ALT greater than 2 times upper limit of normal without epigastric pain or right upper quadrant (RUQ) tenderness. Signs of MgSO4 toxicity include loss of deep tendon reflexes, including knee-jerk reflex, respiratory depression, oliguria, respiratory arrest, and cardiac arrest

sasukonadujuliet@gmail.com

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