

# Understanding preeclampsia disorder theory

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Understanding Preeclampsia Preeclampsia is a hypertensive disorder of pregnancy. “ Preeclampsia complicates 3-5% of all pregnancies and continues to be a major cause of morbidity and mortality for both mother and infant” (Pettit & Brown, 2012, p. 6). The exact cause of preeclampsia is unknown. It is usually diagnosed after 20 weeks gestation. A diagnosis is made by elevated blood pressures and with or without proteinuria. The treatment of this disorder is geared towards management of symptoms, preventing seizures and controlling hypertension.

I chose this topic because I am a labor and delivery nurse and find this to be a popular disorder of pregnancy. This disorder is very common among the nulliparity (first pregnancy) population. “ Although the exact cause of preeclampsia remains unknown, much research effort has been exerted on the study of pathophysiological mechanisms” (Townsend & Drummond, 2011, p. 245). Pettit & Brown (2012) found that the placenta and the remodeling of the uterine arteries is a factor in preeclamptic disease.

Preeclampsia is usually diagnosed on a routine pre-natal visit during blood pressure checks and urine dips. Urine dips show the presence of protein in the urine. According to ACOG (American College of Obstetricians and Gynecologists) the criteria for diagnosing preeclampsia is a systolic blood pressure  $> 140\text{mmHg}$  or diastolic blood pressure  $> 90\text{mmHg}$  that occurs after 20 weeks gestation in a woman with previously normal blood pressure. Also, the presence of proteinuria, which is the urinary excretion of 0. g of protein or higher in a 24 - hour urine specimen (ACOG bulletin 33, 2002, p. 160). The goal of treatment is aimed towards preventing seizures and blood

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pressure management. “ The long held principle that delivery is the only cure for preeclampsia prevails” (Townsend & Drummond, 2011, p. 299). “ Thus, interventions are currently designed to either deliver the fetus or make sure the mother and fetus are safe to continue the pregnancy while allowing time for fetal lung maturity to occur” (Townsend & Drummond, 2011, p. 299).

In my institution, Magnesium sulfate is the gold standard of care for preeclamptic patients. We use this drug to prevent seizures and anti-hypertensives to control blood pressure. Close monitoring of these patients is crucial. Our hospital protocol involves monitoring maternal well being, which includes blood pressure checks hourly, monitoring of liver and kidney function, and obtaining daily weights at the same time each day for evaluation of tissue fluid retention. We also monitor fetal well-being by continuously monitoring the fetal heart rate with an external fetal monitor.

It is important to encourage these patients to maintain a nutritious diet with moderate protein intake to compensate for the protein that may be lost in the urine. In conclusion, the most common medical complication of pregnancy is hypertension. The main goal is to keep the mother pregnant for as long as possible. Both the mother and baby will be closely monitored, and if the mother is term or if the baby is in distress the doctor may decide to induce labor or perform a cesarean - section.

The most important thing is maternal and fetal well being. References American College of Obstetricians and Gynecologists (ACOG) Committee on Obstetric Practice. ACOG Practice Bulletin No. 33: Diagnosis and Management of Preeclampsia and Eclampsia. 99(1): 159 -167, January 2002. <https://assignbuster.com/understanding-preeclampsia-disorder-theory/>

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I have not submitted this assignment in its entirety to satisfy the requirements of any other course. Any parts of this assignment from other courses have been discussed thoroughly with the faculty member before this submission so that there is an understanding that I have used some of this work in a prior assignment.

Student's Signature\_Nicole McLean Course Submitted\_Nursing 324: Online Tools for Success Term Fall 2012 Date November 25, 2012