

Stroke risk in pregnant women 2.4 times higher

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High blood pressure during pregnancy is a leading cause of maternal and fetal mortality worldwide.

Pregnant women face a risk of stroke that is 2.4 times higher than the risk in non-pregnant women, according to a medical journal article by Loyola University Health System researchers.

The review article on pregnancy-induced [high-blood-pressure](#) syndromes is published in the journal *Women's Health*.

"Prompt diagnosis and identification of patients at risk allows for early therapeutic interventions and improved clinical outcomes," the Loyola authors wrote.

Pregnancy-induced high-blood-pressure syndromes include pre-eclampsia, eclampsia and a rare but serious illness called HELLP (hemolysis, elevated liver enzymes and low platelet count).

Pre-eclampsia is a multi-system disorder characterized by high blood pressure (top or bottom numbers equal to or greater than 140/90, when measured on two occasions six hours apart) and proteinuria (excess protein in urine -- more than 300 mg. in 24 hours).

Left untreated, pre-eclampsia can cause serious complications, possibly fatal, in the mother and baby. In severe pre-eclampsia, patients may develop oliguria (reduced urine output), [pulmonary edema](#) (fluid in the

lungs), [liver dysfunction](#), thrombocytopenia (low platelet count) and changes in mental status and other cerebral symptoms. Patients may have headaches, stupor, visual blurring, blindness (often temporary) or seizures.

Pre-eclampsia can progress to eclampsia or HELLP. Pre-eclampsia develops into eclampsia when a patient experiences convulsive seizures or goes into a coma. HELLP can cause bleeding, [liver problems](#) and high-blood-pressure problems, harming both mother and baby.

"Pre-eclampsia/eclampsia-related events are a major cause of maternal disability and maternal and [fetal death](#) in the USA, and without prompt and [aggressive treatment](#) these patients may rapidly decline," the Loyola authors wrote. All four are neurologists in the Loyola Stroke Program.

For pregnant women who have pre-eclampsia risk factors, starting aspirin at 12-to-14 weeks may decrease the risk of pre-eclampsia and death of the baby.

Once a patient is diagnosed with pre-eclampsia/eclampsia, physicians attempt to control blood pressure and seizures and manage brain swelling. "Prompt delivery of a viable baby remains the main and only curative therapeutic intervention," the authors wrote.

Women who have [pre-eclampsia](#) are at higher risk for future stroke and cardiovascular disease.

The researchers wrote that identifying patients at risk of pregnancy-induced high blood pressure syndrome remains "a major research focus."

Provided by Loyola University Health System

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