

Stroke risk in pregnant women 2.4 times higher

8 July 2011

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

APA citation: Stroke risk in pregnant women 2.4 times higher (2011, July 8) retrieved 26 July 2022 from <https://medicalxpress.com/news/2011-07-pregnant-women-higher.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.