

Preeclampsia Current Approaches To Nursing Management

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The article *CE: Preeclampsia Current Approaches to Nursing Management* focuses on preeclampsia, a hypertensive disorder that occurs during pregnancy. Preeclampsia is a pregnancy disorder characterized by hypertension and proteinuria manifesting after 20 weeks of pregnancy. Preeclampsia is a complex, multidimensional disorder associated with various life-threatening complications. According to the American College of Obstetricians and Gynecologists (ACOG), preeclampsia can present in different forms, with some women experiencing severe right quadrant pain or unremitting headaches and others experiencing no symptoms (Anderson & Schmella, 2017, p.31).

Women having this condition have protein in their urine and elevated blood pressure. Women with non-proteinuric or proteinuric preeclampsia are at risk of developing adverse outcomes and require increased fetal and maternal surveillance. Preeclampsia leads to frequent morbidity and mortality. It can also represent more than a single condition, depending on the onset during gestation. The risk factors for preeclampsia include obesity, [systemic lupus](#) erythematosus chronic kidney disease, pregnancy diabetes mellitus, chronic hypertension, multifetal pregnancy, and antibody syndrome are associated with increased risk of preeclampsia (Anderson & Schmella, 2017, p.31). This article highlights various approaches used to care for pregnant women, including preeclampsia screening and potential preeclampsia prophylaxis.

Summary Of Main Points Of The Article

The article explores several aspects of preeclampsia including prevalence, morbidity, and mortality, pathophysiology, risk factors, emerging approaches to preeclampsia, and nursing management of preeclampsia. The article also provides clinical scenarios of patients who have been diagnosed with preeclampsia and the impact of this condition on their lives.

Prevalence, Morbidity, And Mortality

The prevalence of preeclampsia globally is approximately 4.6%. However, these statistics vary by region. For instance, it is reported that the incidence of preeclampsia in Nicaragua is as high as 7.76% while in Vietnam it is as low as 0.2%. In the United States, the incidence rates of preeclampsia range between 2.3% to 3.8% of pregnancies (Henderson, J.et al. 2017). However, despite the low percentage of women affected by this condition, it remains a primary cause of maternal mortality and morbidity. Hypotensive conditions account for about 14% of pregnancy-associated deaths across the

world, while in the United States, they account for about 7.4%. Preeclampsia is regarded as one of the most common hypertensive conditions of gestation, which affects virtually every organ system. According to Henderson et al. (2017), preeclampsia renders the mother at risk for a host of morbidities, including neurologic dysfunction, uterine, kidney, liver, cerebrovascular, cardiovascular and disseminated intravascular coagulation. Infants born to mothers with preeclampsia are at risk of prematurity and unfavorable cardiometabolic profile in adolescence or adulthood.

Pathophysiology Of Preeclampsia

Preeclampsia may present more than one condition or have different subtypes with different clinical manifestations depending on the time of onset during pregnancy. Evidence-based research suggests that the pathogenesis of preeclampsia proceeds in stages. The early phases of this condition occur between 8-18 weeks during pregnancy and may involve alteration of the placenta, which interferes with the flow of blood between maternal and fetal circulation (Anderson & Schmella, 2017). More often, clinical manifestations of preeclampsia do not appear until the second half.

Risk Factors For Preeclampsia

Several risk factors are believed to cause the onset of preeclampsia in pregnant women. A meta-analysis study evaluated the relationship between preeclampsia and clinical factors that can be evaluated before 16 week's pregnancy (Anderson & Schmella, 2017). The clinical factors included multifetal pregnancy, assisted reproduction, chronic kidney disease, pregnancy diabetes mellitus, overweight and obesity, advanced maternal age, nulliparity, prior stillbirth, prior fetal growth restriction, and personal history of preeclampsia. All these factors that were assessed showed an association with an increased risk of preeclampsia except for prior fetal growth restriction. However, chronic hypertension and a personal history of preeclampsia showed the highest pooled unadjusted relative risks for preeclampsia.

Emerging Approaches To Preeclampsia

Due to the lack of cost-effective screening tests that can be used to detect early preeclampsia risks in gestation, the care for women with this condition is significantly limited. Clinical interventions can effectively control or treat various forms of preeclampsia, which vary depending on the severity, onset, and presentation (Anderson & Schmella, 2017). However, with advancements in healthcare, there are emerging trends in screening, diagnosis, prevention, and treatment. Examples of trends include preeclampsia screening and potential preeclampsia prophylaxis. Emerging screening tests for preeclampsia are focused on pathologies that are evident in the early stages of pregnancy and are related to placental development and perfusion, as well as biomarkers in maternal blood. Due to oxidative stress as a result of poor placental perfusion in preeclampsia victims, oxidants such as

lutein play an important role in the prevention of this condition. A low dose of aspirin is believed to prevent preeclampsia in patients at risk for preeclampsia. The ACOG Task Force recommends the use of aspirin in the prevention of preeclampsia (Henderson, J. et al. 2017).

Management Of Preeclampsia

The lack of definitive approaches to prevent preeclampsia limits the ability of nurses to provide anticipatory guidance to pregnant women on strategies for reducing the risk of preeclampsia (Anderson & Schmella, 2017). However, nurses and other healthcare providers can encourage all pregnant women on appropriate measures to prevent the risks of developing preeclampsia. Such measures include a healthy diet with the recommended nutrients and working toward achieving a healthy body weight (Henderson, J. et al. 2017). Various approaches are used to manage preeclampsia, including screening tests, preeclampsia diagnosis and surveillance, and pharmacologic treatment. However, there are emerging trends regarding.

Evaluation Of The Article

The article has achieved its purpose of articulating various aspects of preeclampsia. The article highlights the significance of preeclampsia and its impacts on the life of an individual during gestation. Preeclampsia is regarded as a complex and life-threatening multisystem disorder that can cause morbidity and mortality of the affected. The article outlines various approaches for preventing risk factors associated with preeclampsia as well as treatment interventions for this condition. For instance, the author of the article emphasizes the importance of preeclampsia screening. The current screening approach involves the identification of risk factors, such as identification of risk factors by a collection of demographic information as well as comprehensive and personal family history. A patient or family history of preeclampsia can be used to explain potential diagnostic strategies for this condition. Other measures that can be used to determine the risk for preeclampsia include changes in body weight, accurate blood pressure measurement, warning signs for preeclampsia, and determining the optimal timing of delivery. Another intervention for preeclampsia suggested in the article is a pharmacologic treatment used in severe sustained hypertension in pregnancy. Moreover, nursing management for this condition also involves the assessment of maternal response to hypertensive response. However, the article does not provide a classification of preeclampsia, although it mentions that preeclampsia has various presentations. The article should have included the classes of preeclampsia to help understand the different forms of the condition and their severity. The article provides a good overview of preeclampsia and nursing interventions that can be employed to prevent and treat this condition.

Conclusion

Preeclampsia is a pregnancy disorder characterized by hypertension and proteinuria manifesting after 20 weeks of pregnancy. Women having this condition have protein in their urine and elevated blood pressure. Preeclampsia leads to frequent morbidity and mortality. It can also represent more than a single condition, depending on the onset during gestation. The lack of definitive approaches to prevent preeclampsia limits the ability of nurses to provide anticipatory guidance to pregnant women on strategies for reducing the risk of preeclampsia. However, nurses and other healthcare providers can encourage all pregnant women on appropriate measures to prevent the risks of developing preeclampsia. Various approaches are used to manage preeclampsia, including screening tests, preeclampsia diagnosis and surveillance, and pharmacologic treatment. However, various trends, such as preeclampsia screening and potential preeclampsia prophylaxis, have emerged regarding the prevention and management of preeclampsia. Also, nurses and other healthcare providers can encourage all pregnant women on appropriate measures to prevent the risks of developing preeclampsia.

References

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