

Preeclampsia

KNOW
THE
RISK



PREGNANCY
METABOLIC
PROFILE

What is preeclampsia?

Preeclampsia is a potentially life threatening disorder that occurs during pregnancy or the postpartum period.

It affects 5-8% of all pregnancies and is characterized by high blood pressure and the presence of protein in the urine. Symptoms include swelling, sudden weight gain, headaches, changes in vision, upper abdominal pain, and nausea and vomiting.

Some women with preeclampsia have no symptoms at all.

Left undetected, preeclampsia can rapidly progress to a potentially fatal condition.

Risk Factors

Preeclampsia is a common complication of pregnancy that can harm you and your baby. Risk factors include:

History of preeclampsia. A personal or family history of preeclampsia significantly raises your risk of preeclampsia.

First pregnancy. The risk of developing preeclampsia is highest during your first pregnancy.

New paternity. Each pregnancy with a new partner increases the risk of preeclampsia over a second or third pregnancy with the same partner.

Age. The risk of preeclampsia is higher for pregnant women under 18 or over 40.

Obesity. The risk of preeclampsia is higher if you are obese.

A multiple pregnancy. Preeclampsia is more common in women who are carrying twins, triplets or other multiples.

Interval between pregnancies. Having babies less than one year apart or more than 10 years apart leads to a higher risk of preeclampsia.

History of certain conditions. Having certain conditions before you become pregnant — such as high blood pressure, diabetes, kidney disease, a tendency to develop blood clots, or lupus — increases your risk of preeclampsia.

Preeclampsia Treatment

The only cure for preeclampsia is delivery. Of course, if it's too early in your pregnancy, delivery may not be the best thing for your baby.

If you are at high risk for preeclampsia, your provider may advise you to take a low-dose aspirin after 10 weeks' gestation as a preventative measure.

If you are diagnosed with preeclampsia, you're at an increased risk of seizures, placental abruption, stroke and possibly severe bleeding until your blood pressure decreases. You will need to come in for more frequent prenatal visits and may need to be hospitalized, sometimes for weeks. You'll also need more frequent blood draws for testing, blood pressure checks, ultrasounds and non-stress tests.

If you develop preeclampsia you will probably receive magnesium sulfate and antihypertensive medications to lower your blood pressure. You may receive corticosteroids if you have yet to reach 34 weeks' gestation.

Pregnancy Metabolic Profile: Preeclampsia Test

A New Blood Test
to Help Determine
Your Risk for
Preeclampsia.



The test utilizes **glycosylated fibronectin**, a new biological marker of preeclampsia, as well as other placental markers in the blood to accurately assess your risk for developing preeclampsia.

This test only requires a simple blood sample and can be ordered by your physician at the same time as a number of other screening tests during the first or second trimester of your pregnancy. Results are typically received within 3 business days, at which point your physician will go over them with you and plan the best course of care.

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Pursuant to applicable federal and/or state laboratory requirements, Diabetomics, Inc. has established and verified the accuracy and precision of its testing services.

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PMP-002.001 Rev. 6/15