

Did you know...



... pre-eclampsia is a serious **pregnancy complication** affecting about **4.1 million** pregnant women worldwide every year?



... pre-eclampsia is a major cause of **preterm birth**?



... most pregnant women **do not experience any symptoms** or complications until mid-pregnancy?



... it is possible to estimate the risk of developing pre-eclampsia via a **screening test at weeks 11-14 of pregnancy**?



... that if there is an increased risk, your doctor can take **preventive measures** to reduce the incidence of pre-eclampsia in order to protect your and your baby's health?

## Imprint

Further information about the pre-eclampsia awareness campaign **Act Early! Screen Early!** can be found at: [www.efcni.org/activities/campaigns/world-pre-eclampsia-day/](http://www.efcni.org/activities/campaigns/world-pre-eclampsia-day/)

## About EFCNI

The European Foundation for the Care of Newborn Infants (EFCNI) is the first pan-European organisation and network to represent the interests of preterm and newborn infants and their families. It brings together parents, healthcare experts from different disciplines, and scientists with the common goal of improving long-term health of preterm and newborn children. EFCNI's vision is to ensure the best start in life for every baby.

For more information: [www.efcni.org](http://www.efcni.org)

## Contact

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## Dear Mum-to-be,

Pre-eclampsia is a rare pregnancy complication that, if left undetected and untreated, can have serious consequences for mother and child.

To avoid complications, it is important to diagnose and, if necessary, treat pre-eclampsia as soon as possible.

Latest screening methods allow pregnant women to have their risk calculated from as early as week 11 of pregnancy. Subsequently, mothers at higher risk can take preventive measures prior to experiencing symptoms of pre-eclampsia.

Therefore, we recommend you consult your gynaecologist about pre-eclampsia screening to determine your personal pre-eclampsia risk.

We wish you a happy and healthy pregnancy!



Dr Dietmar Schlembach  
Chairman of the  
EFCNI Trustee Board



Silke Mader  
Chairwoman of the  
EFCNI Executive Board

## Causes and symptoms

The cause of pre-eclampsia is not known. First signs and symptoms are elevated blood pressure or protein in the urine. However, those complications occur mainly in the second half of pregnancy.

Further symptoms are:

|  |  |
|--|--|
|    | Rapid swelling of the face or hands due to water retention (edema)         |
|    | Rapid weight gain (more than one kilogram per week due to water retention) |
|    | Severe headache  |
|    | Severe heartburn   |
|    | Nausea or vomiting   |
|   | Pain in the (right) upper abdomen, stomach and/or shoulder                 |
|  | Visual disturbances and light sensitivity                                  |
|  | Shortness of breath  |

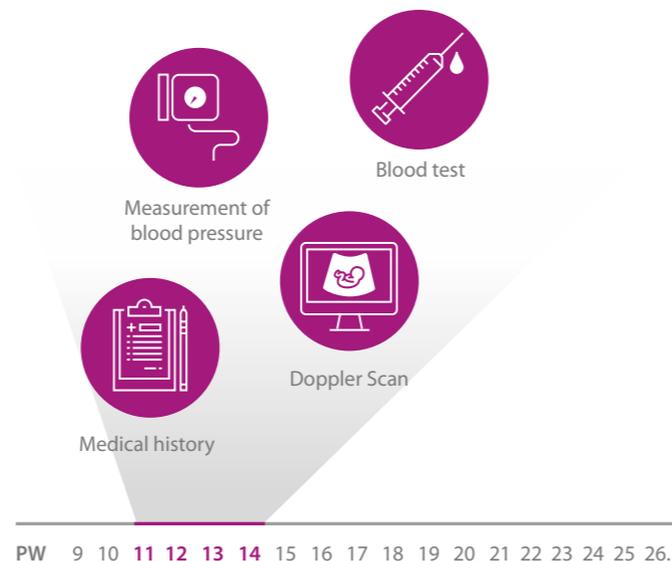
Usually symptoms of pre-eclampsia do not occur until the 20th week of pregnancy.

## Risk factors

There are several conditions which can increase the risk for developing pre-eclampsia. These include

- First pregnancy
- Multiple pregnancy
- Medically assisted reproductive procedures (e.g. artificial insemination, egg donation)
- Family predisposition
- Obesity (BMI > 30)
- Chronic diseases (e.g. high blood pressure, diabetes, kidney disease)
- Autoimmune diseases (e.g. antiphospholipid syndrome)
- Age under 18 or over 40 years
- Ethnic origin
- Previous pregnancy with the occurrence of pre-eclampsia or growth disorders in the womb

## Screening Test in the first trimester



## Screening and treatment

Risk factors can hint that a woman might develop pre-eclampsia, but it is not a precise prediction and women without any risk factors may also develop pre-eclampsia. It is therefore advisable for every pregnant woman to have a screening test carried out to assess the individual risk. This test comprises four examinations (see figure), all of which can be carried out during a single appointment.

The screening should take place between the **11th and 14th week of pregnancy** in order to take preventive measures in time if necessary. Studies show that taking low-dose aspirin as a preventive measure is particularly effective in women at increased risk if it is initiated before the 16th week of pregnancy.

Pre-eclampsia cannot be cured by medication. The only effective treatment is delivery (by inducing labour or by caesarean section; this depends on the course of the disease and the state of health of mother and child).

Your doctor may prescribe antihypertensive medication to treat high blood pressure; you can support the therapy by taking regular rests.

**Never decide on such a treatment measure on your own authority**, but only if it has been ordered and prescribed by your doctor!

## How can you act?

**Act proactively!** Most women do not notice any symptoms at the beginning of pregnancy. Talk to your gynaecologist about a pre-eclampsia screening at the first routine check-up so that a treatment can be initiated in time if necessary.

**Ask for more information!** How reliable is a screening test? What do I have to consider if an increased risk is detected? How safe are the measures? How high is the probability that I can prevent pre-eclampsia? Your gynaecologist will be happy to advise you.

**Speak openly!** Do not withhold or interpret information about any changes or symptoms you notice in yourself. All information is important so that your doctor can correctly diagnose and treat you.



**act early!  
screen early!**