Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · WOMEN'S HEALTH

Pre-eclampsia
the symptoms every pregnant woman should know

Pre-eclampsia is high blood pressure with organ involvement in pregnancy. It affects around one in twenty pregnancies, can develop rapidly, and is one of the leading causes of serious illness in mothers and babies. Aspirin prevents a substantial proportion of cases in women at risk — and many who should be taking it are not.

Contact your maternity unit immediately — day or night — if you have

- a **severe headache that does not settle** with paracetamol
- **visual problems** — blurring, flashing lights, spots, double vision
- **severe pain just below the ribs**, usually on the right
- **vomiting** in the second half of pregnancy
- **sudden swelling** of the face, hands or feet
- **reduced fetal movements**, or feeling suddenly very unwell

These symptoms can develop over hours. Do not wait for your next appointment, and do not worry about making a fuss — maternity units expect and want these calls. Pre-eclampsia can also occur **up to six weeks after birth**, which catches people out. In an emergency call 999.

How it is detected

It is usually found at routine antenatal checks — raised blood pressure with protein in the urine — often before you feel anything at all. That is precisely why those appointments matter even when you feel well, and why blood pressure and urine are checked at every one.

- **Blood pressure of 140/90 or above** after 20 weeks
- **Protein in the urine**, or evidence of kidney, liver, blood or placental involvement
- Blood tests for kidney and liver function, platelets and full blood count
- **Placental growth factor (PLGF) testing**, which helps rule pre-eclampsia in or out where it is suspected
- Growth scans, since the placenta often functions poorly and the baby may grow slowly

Who should take aspirin

Low-dose aspirin from **12 weeks until birth** substantially reduces the risk. It is recommended if you have **one high-risk factor** or **two moderate-risk factors**.

- **High risk** — previous pre-eclampsia; chronic high blood pressure; type 1 or 2 diabetes; chronic kidney disease; autoimmune disease such as lupus or antiphospholipid syndrome.
- **Moderate risk** — first pregnancy; age 40 or over; BMI 35 or over at booking; pregnancy interval over 10 years; family history of pre-eclampsia; multiple pregnancy.
- Aspirin at this dose is **safe in pregnancy** and is one of the most effective preventive measures in obstetrics.
- If you have any of these and have not been offered aspirin, ask — this is commonly missed.

Swelling alone is usually normal

Mild swelling of the ankles and fingers is extremely common in pregnancy and by itself means very little. What matters is swelling that comes on **suddenly**, particularly of the face and hands, and above all swelling **with any of the other symptoms** — headache, visual change, upper abdominal pain. It is that combination, not the swelling, that should prompt the phone call.

Treatment

- **Blood pressure medication** safe in pregnancy — labetalol, nifedipine or methyldopa — with more frequent monitoring.
- **Regular blood tests and growth scans**, and sometimes admission for closer observation.
- **Delivery is the only cure.** Timing balances the severity against the baby's gestation, and steroids are given before 34 weeks to mature the baby's lungs.
- Magnesium sulfate is used in severe cases to prevent eclamptic seizures.
- Blood pressure needs monitoring for at least six weeks after birth, and medication is often continued for a period.

It matters for your health decades later

Having had pre-eclampsia roughly doubles your lifetime risk of high blood pressure, heart disease and stroke. This is under-recognised and rarely mentioned at discharge. It means you should have your **blood pressure, cholesterol and glucose checked regularly from your forties onwards** — and it is a reason to take exercise, weight and smoking seriously earlier than you otherwise might. Pre-eclampsia is a window into your future cardiovascular health, and acting on it is genuinely preventive.

Why come to us. If you are pregnant and worried about symptoms, contact your maternity unit — that is faster and they have your notes. Where we help is **before and after**: pre-conception risk assessment and getting aspirin started at 12 weeks if you qualify, blood pressure and urine checks between antenatal appointments, and the **cardiovascular follow-up afterwards that almost nobody is offered** — blood pressure, lipids and HbA1c in-house with results the same visit. Seven days a week.

Aspirin assessment before 12 weeks, follow-up afterwards

The cardiovascular review nobody offers you. Seven days a week.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
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In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

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Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

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This leaflet is based on current NHS and NICE NG133 guidance on hypertension in pregnancy. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.