How is pre-eclampsia screening performed?
Pre-eclampsia screening is done in the first trimester when your baby is at least 11 weeks old and less than 14 weeks old. It involves a simple blood test, and measurement of your blood pressure. An ultrasound examination may be included.

What does the pre-eclampsia screening test tell you?
Low risk:
A low risk result means that you are unlikely to develop pre-eclampsia later in your pregnancy. Having a low risk does not completely eliminate the possibility that you will develop pre-eclampsia, and you will continue receiving normal prenatal care.

High risk:
A high risk result does not mean you will definitely develop pre-eclampsia. However, knowledge of a higher than expected risk makes it possible for the doctor to formulate your future pregnancy care in the best possible way. Your doctor may suggest you start taking small doses of aspirin to improve the function of your placenta. The aspirin treatment should always be discussed with your doctor. The result from the screening test helps health care professionals, and you to be alerted to possible signs and symptoms of pre-eclampsia.

Who provides a pre-eclampsia screening program?
Monash Ultrasound for Women is pleased to be the first Victorian diagnostic imaging group to offer risk assessment for pre-eclampsia.

This is performed at the time of the 11-13+6 weeks fetal anatomy / Down syndrome risk assessment ultrasound. As such, there is no additional cost for pre-eclampsia screening.

To make an appointment, please phone our clinic at Mulgrave 9790 1766 or Berwick 9707 0887

Monash Ultrasound for Women requires a referral from your doctor to perform the 11-13+6 week ultrasound and risk assessments.

Ask your doctor about signs and symptoms of pre-eclampsia

- Having a high risk of pre-eclampsia is not your fault. It doesn’t arise from your eating habits, or from physical or emotional stress.
- With good prenatal care, you can be alerted to the condition early and keep it under control.

References

For a complete listing of our global offices, visit www.perkinelmer.com/Contacts
DID YOU KNOW?

- Pre-eclampsia is a serious pregnancy complication.
- You can find out about your risk of developing pre-eclampsia by arranging a visit to your doctor between weeks 11 to 14.
- Finding out if there is a high risk of pre-eclampsia requires pre-eclampsia screening. This involves a specific blood test, together with measurement of blood pressure and, in some cases, an ultrasound examination.

Being screened for high risk of pre-eclampsia is an important step you can take to protect the health of both yourself and your baby.

What is the preventive care?
Preventive care of pre-eclampsia high risk cases aims to either prevent or, at least, delay the development of pre-eclampsia. The pregnancy can thus safely continue, and the baby will have time to develop.

A simple treatment of low doses of aspirin, under the direct care of your doctor, has been shown to be effective. For such treatments to work, they must be initiated before 16 weeks of pregnancy, hence it is critical importance to know at an early stage which pregnancies are at risk.

How can it affect me?
Most women with pre-eclampsia are mildly affected, however some women become more seriously ill (eclampsia). Pre-eclampsia involves changes in your blood vessels.

As a result:
- blood pressure rises
- protein from the blood leaks into the urine

Especially during the early stages of the disease, women suffering from pre-eclampsia don’t necessarily feel sick however pre-eclampsia can progress very quickly. Most women with pre-eclampsia are admitted to hospital and in many cases their babies will need to be delivered prematurely. Birth is induced or a Cesarian section performed if the health of the mother or child necessitates it. Because the primary cause of pre-eclampsia is the placenta, most women start to recover soon after delivery.

How can it affect my baby?
Some babies remain healthy even when their mothers have severe pre-eclampsia. In these situations medical staff will need to pay close attention to ensure that the baby is able to get enough food/nutrients and oxygen to maintain its growth in the womb. If the baby needs to be born prematurely the consequences will depend on how early the birth is. Pre-eclampsia occurring early in pregnancy (early-onset pre-eclampsia) is likely to result in earlier prematurity and thus more health problems than the disease presenting late (late-onset pre-eclampsia).

Am I at risk?
Although pre-eclampsia can affect any pregnancy, some pregnancies are more at risk.

You are more at risk if:
- This is your first pregnancy, or even your first pregnancy with your present partner
- You, your mother or sister had pre-eclampsia
- You have a BMI (body mass index) of 35 or more
- Your age is 40 or over
- You are expecting twins, triplets, or quads
- You have a medical problem such as high blood pressure, kidney problems and/or diabetes
- Your pregnancy was medically assisted e.g. in vitro fertilization (IVF)

Why should I have my pre-eclampsia risk properly assessed?
Having risk factors doesn’t mean that you will get pre-eclampsia. On the other hand, you may not have any known risk factors but still develop pre-eclampsia. When you have a pre-eclampsia screening, the risk factors are combined with your test results so that in most cases the increased risk of pre-eclampsia can be ruled out, giving you peace of mind during your pregnancy. In the event of a positive screening result your doctor will be able to initiate your treatment at the optimum time and monitor your pregnancy more carefully.