

What Is Preeclampsia?

What Every Pregnant Person Should Know

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Pregnancy is one of the most profound journeys a body can go through — and like any journey, it helps to know what to look out for along the way. One condition that every pregnant person, their partner, and their support system deserves to understand is preeclampsia.

Knowledge is your greatest tool. And the good news? When caught early, most people with preeclampsia go on to deliver healthy babies and make full recoveries. Let's break it all down clearly, honestly, and without the scary medical jargon.

So, What Exactly Is Preeclampsia?

Preeclampsia is a pregnancy complication that involves a sudden rise in blood pressure, usually after the 20th week of pregnancy. Along with high blood pressure, it can show up as protein in the urine — a signal that the kidneys are under strain — or other signs that the body's organs are working harder than they should be.

Think of it this way: during a healthy pregnancy, your body is essentially running a full-time construction project. Blood vessels, hormones, and organs are all working overtime. Preeclampsia happens when the blood vessels don't adapt the way they need to, especially those supporting the placenta, which then puts pressure on the whole system.

It typically appears after 20 weeks but can sometimes develop right around delivery, or even in the days following birth — this is called **postpartum preeclampsia**, and it's worth knowing about too.

How Common Is It?

5–8%

of all pregnancies globally are affected

1 in 25

pregnancies in the United States

16%

of maternal deaths in sub-Saharan Africa

It's not rare — which is exactly why awareness matters. Regular prenatal care remains the most reliable way to detect preeclampsia before symptoms appear.

Warning Signs to Watch For

Preeclampsia doesn't always announce itself loudly. Some people have no symptoms at all — one reason regular prenatal appointments are so valuable. That said, be aware of these signs:

- Severe headaches that don't go away with rest or usual pain relief
- Sudden swelling in the face, hands, or feet
- Visual changes: blurry vision, seeing spots, or sensitivity to light
- Pain in the upper right abdomen, under the rib cage
- Nausea or vomiting that comes on suddenly, especially later in pregnancy
- Shortness of breath
- Sudden, rapid weight gain from fluid retention — not from eating

If you experience any of these, don't wait it out. Contact your healthcare provider right away. Early action is what makes the difference.

Who Is at Higher Risk?

Anyone can develop preeclampsia, including people with no known risk factors. But certain things can increase the chances:

- First-time pregnancy
- Personal or family history of preeclampsia
- Chronic high blood pressure or kidney disease
- Diabetes (type 1, type 2, or gestational)
- Obesity (BMI of 30 or higher)
- Carrying multiples (twins, triplets, etc.)
- Age 40 or older
- Pregnancy conceived through IVF
- Gap of 10+ years between pregnancies
- Autoimmune conditions like lupus

A note on racial disparities: Black women in the United States are significantly more likely to develop preeclampsia and to experience more serious complications, including kidney damage. This is not a biological reality — it reflects systemic inequities in healthcare access and quality. If you are a Black woman, an African woman, or from a historically underserved community, you deserve to be heard and to receive thorough monitoring throughout your pregnancy.

Preeclampsia in Africa: The Bigger Picture

Across sub-Saharan Africa, preeclampsia carries a heavier burden, and one we at MyHealthMyLife feel a deep responsibility to address.

16%

of maternal deaths in sub-Saharan Africa

+20%

rise in incidence 2010–2018

Top 3

cause of maternal death in Uganda, Nigeria & Mozambique

- Limited access to antenatal care, especially in rural areas, means the condition is often diagnosed late
- Shortages of healthcare workers and medical supplies reduce the ability to monitor and respond quickly
- Girls under 18 face the highest risk — in developing countries, a 15-year-old's probability of dying from pregnancy complications is far higher than in high-income countries
- Awareness gaps mean community members may not recognize warning signs early enough to seek help

If you are pregnant and living in a region with limited healthcare access, **attending every antenatal appointment you can** is one of the most powerful things you can do. Your life and your baby's are worth that urgency.

How Is Preeclampsia Treated?

The only definitive cure is delivering the baby and placenta. Once the placenta is out, the underlying cause is resolved and most people recover well. Treatment before delivery depends on how far along you are and how severe the condition is:

- 1 Close monitoring — frequent blood pressure checks, blood and urine tests, and fetal monitoring
- 2 Blood pressure medications to keep pressure at safe levels throughout pregnancy
- 3 Magnesium sulfate — given in more serious cases to prevent seizures (eclampsia)
- 4 Early delivery — if the condition is severe and the baby is developed enough, your provider may recommend inducing labor or a cesarean delivery

 **Can Preeclampsia Be Prevented?**

Not entirely – but there are steps that can meaningfully reduce your risk.

BEFORE PREGNANCY

- Manage pre-existing conditions (hypertension, diabetes, kidney disease)
- Aim for a healthy weight
- Know your family history

DURING PREGNANCY

- Attend all prenatal appointments
- Ask about low-dose aspirin if you have multiple risk factors (before 16 weeks)
- Eat a balanced diet, stay hydrated, stay active
- Monitor blood pressure at home if recommended



Know your numbers. Normal blood pressure during pregnancy is generally below **120/80 mmHg**. A reading of **140/90 mmHg or higher** is considered high and warrants immediate medical attention.

 **Life After Preeclampsia**

Here's something that often gets left out of the conversation: preeclampsia can have effects beyond the pregnancy itself. Women who have had preeclampsia face a higher lifetime risk of cardiovascular disease, high blood pressure, and kidney disease. This doesn't mean something bad will definitely happen – it means staying connected to your healthcare provider after delivery matters.

If you've had preeclampsia, tell every future doctor you see. It's part of your health story, and knowing it helps your care team look out for you over the long term. The beautiful reality is that most people with preeclampsia deliver healthy babies and fully recover. With the right care, awareness, and support, this condition doesn't have to define your pregnancy experience.

A Final Word

Pregnancy is powerful. So are you. Part of that power is knowing what's happening in your body, knowing what to watch for, and knowing that you have every right to ask questions, push for answers, and receive care that takes you seriously.

Whether you're pregnant right now, planning a family, or supporting someone who shares what you've learned. In communities where healthcare access is limited or maternal health conversations are still stigmatized, awareness shared from one person to another can genuinely save lives.

You are not alone in this.

At MyHealthMyLife, our mission is to make preventive health education accessible, honest, and human. For more resources on maternal health, reproductive wellness, and family health education, visit myhealthmylife.org. This article is for educational purposes only and is not a substitute for professional medical advice. Always consult your healthcare provider about your individual health needs.

Sources: Centers for Disease Control and Prevention (CDC) · World Health Organization (WHO) · NIH/National Library of Medicine · Mayo Clinic · Preeclampsia Foundation · American College of Obstetricians and Gynecologists (ACOG)