

# Myth vs Fact: Preeclampsia

**Myth:** Elevated blood pressures in perinatal settings do not need to be treated because the cause is often pain or anxiety.

**FACT:** These blood pressures should be treated, even if a patient is in pain or is anxious. In these scenarios, treatment for severe range blood pressures is recommended to reduce the risk of stroke, hemorrhage and other complications related to the loss of autoregulation.

**Myth:** An epidural cures severe range blood pressures.

**FACT:** Severe range blood pressures should be treated with antihypertensives. An epidural may address pain, but assuming that severe range blood pressures are caused by pain is an example of normalcy bias.

**Myth:** Preeclampsia is “cured” by delivery.

**FACT:** Preeclampsia often resolves postpartum, but it can take a number of weeks for it to completely resolve. Some women develop preeclampsia for the first time postpartum. A substantial number of deaths related to preeclampsia occur in the first 5 days postpartum. Inaccurately telling women that preeclampsia is cured with delivery has led to delays in recognition and may be a contributor to postpartum mortality and morbidity.

**Myth:** Magnesium is a treatment for severe range blood pressures in preeclampsia.

**FACT:** Magnesium is used for prophylaxis eclampsia. It is NOT as an antihypertensive agent. Women with severe range blood pressures and preeclampsia should receive BOTH an antihypertensive agent and magnesium.

**Myth:** First line treatment in eclampsia is a benzodiazepine.

**FACT:** Magnesium should be the first line treatment of eclampsia and has been shown to reduce recurrence of repeat seizures compared to other agents.

**Myth:** The main source of morbidity/mortality from preeclampsia is seizure.

**FACT:** The main source of morbidity and mortality is related to stroke. Numerous studies have found that women who die and had preeclampsia often have delayed treatment of hypertension. This emphasizes the importance of timely treatment with an antihypertensive agent for all women with preeclampsia/gestational hypertension/severe hypertension.

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## Selected references:

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