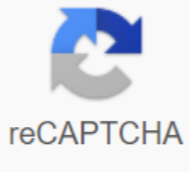




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## Management of eclampsia in pregnancy pdf

What does this test do? This is a test set used at home to measure human chorionic gonadotropin (hCG) in your urine. You produce this hormone only when you are pregnant. What is HCG? hCG is a hormone produced by your placenta when you are pregnant. It appears as soon as the embryo attaches to the uterus. If you are pregnant, this hormone increases very quickly. If you have a menstrual cycle of 28 days, you can detect hCG in the urine 12-15 days after ovulation. What kind of test is this? This is a biologically calculated test - you find out if you have increased hCG levels that show you are pregnant. Why should you take this test? You should use this test to find out if you are pregnant. How accurate is this test? The accuracy of this test depends on how well you follow the instructions and explain the results. If you mishandle or misunderstand the test kit, you may get poor results. Most pregnancy tests are about the same ability to detect hCG, but their ability to show whether or not you are pregnant depends on how much hCG you are producing. If you check too early in your cycle or are too close to the time you got pregnant, your placenta may not have enough time to produce hCG. This means you are pregnant but you have negative test results. Because many women have abnormal periods, and women may mis-calculate when their time is due, 10-20 pregnant women out of every 100 will not detect their pregnancy on the first day of their lost period. How do you take this test? For most home pregnancy tests, you can keep a test strip in your urine stream or you collect your urine in a cup and dip your test strip into the cup. If you're pregnant, most test strips create a color line, but this will depend on the brand you bought. Read the instructions for the test you bought and follow them carefully. Make sure you know how to get good results. The test usually takes only about 5 minutes. Different tests for sale vary in their ability to detect low levels of hCG. For the most reliable results, check 1-2 weeks after you miss your time. There are some tests so sensitive enough to show you are pregnant before you miss your time. You can improve your chances for an accurate result by using your first morning urine for testing. If you are pregnant, it will have more hCG in it than urine later. If you think you are pregnant, but your first test is negative, you can do the test again after a few days. Since the number of hCGs increases rapidly when you are pregnant, you can get a positive test at later days. Some test kits come with more than one experiment in which to allow you to repeat the experiment. Is this test similar to the one my doctor uses? Home pregnancy testing and testing that your doctor uses are similar to hCG detection capabilities, however your doctor may have more experience in running the test. If you produce only a small amount of hCG, your doctor may not be able to detect that you can. Your doctor can also use a blood test to see if you are pregnant. Finally, your doctor may have more information about you from your history, physical examinations, and other tests that can give a more reliable result. Does a positive test mean you're pregnant? Usually, yes, but you have to be sure to read and explain the results correctly. Does a negative test result mean you're not pregnant? No, there are several reasons why you may receive false negative test results. If you test too early in your cycle, your placenta may not have time to produce enough hCG for the test to detect. Or, you may not have to wait long enough before you take this test. If you have a negative result, you would be wise to consider this a scheduled discovery. You should not use the drug and should consider avoiding potentially harmful behaviors, such as smoking or drinking, until you have more certainty that you are not pregnant. You may notice incorrect results with elapsed time. You can detect false negatives due to the sudden onset of menstruation (frequent vaginal bleeding involves time.) Repeated tests and/or other tests such as ultrasound may provide corrected results. There is a misconception that women living with a heart condition should never become pregnant, but in reality, heart disease can be managed safely during pregnancy, said Stephanie Martin, D.O., medical director for labor and delivery and the obstetric intensive care unit at Texas Children's Pavilion for Women in Houston. A review is important to determine whether pregnancy is a good idea, but it is very rare that the patient's heart condition will make pregnancy too dangerous. In some cases, hormonal changes in pregnancy actually help a compromised heart work better, adds John Folk, M.D., associate professor of obstetrics and gynecology at SUNY Upstate Medical University in Syracuse, N.Y. Women at high risk of heart disease should always receive specialist advice before they conceive, as well as specialized pre-birth care to help increase their odds of having a healthy pregnancy. How pregnancy affects your heart preparing for pregnancy with a heart condition risks your pregnancy with heart conditions specifically how pregnancy affects your heart your heart has pumped an extra 40 percent of blood to all your bodies during pregnancy, meaning it has worked that much harder than usual. Your blood vessels dilate to match increased blood flow, lower your blood pressure, and your blood becomes more likely to clot, which is the natural way to protect pregnant women from excessive bleeding during childbirth. A normal heart can handle changes only well, Dr. Martin said. But I told you my staff who have heart problems that pregnancy is like a nine-month treading stress test. Prepare for pregnancy with a planned heart condition in advance, if possible. Go to your ob-gyn, explain that you are thinking about getting pregnant, and and any test you may need. Your doctor may advise that you meet with a fetal medicine specialist (a person who specializes in high-risk pregnancies) and/or a cardiologist, who will want to know how you operate daily with your heart condition. The most important thing to do when evaluating a patient before or during pregnancy is to assess whether they can do their normal, daily activities, Dr. Folk said. If you can do all the things you usually do, including keeping up with exercise and sports, and you have this kind of high functional status, have a very high likelihood of doing well and have a nice delivery at the term. If your daily activity is limited, doctors can use a number of different rating systems to determine if you can get pregnant safely. Risk of Your Pregnancy With specific heart conditions that should not prevent you from becoming pregnant Many women with the following heart conditions may have a healthy pregnancy, even if doctors have advised them otherwise. Heart whisper: The heart whisper is an additional sound heard in the heartbeat, and it is very common. (In fact, some women develop one during pregnancy because of an increase in blood volume, Dr. Martin said.) If you have a whisper, talk to your doctor about whether you need to be evaluated further. Arrhythmias: Arrhythmia is a technical word for irregular heartbeat. Some may deteriorate during pregnancy because your heart is working harder, or even growing for the first time, Dr. Martin said. Usually, they do not require treatment, but there are drugs that can be safely used to treat arrhythmia during pregnancy, if necessary. Mitral valves: This common condition occurs when the valve separating the upper and lower chambers of the heart does not close properly. It can cause heart palpitations or it can be completely asymptomatic, Dr. Martin said. Rarely, it can cause infections of the heart mucosa, irregular heartbeat, or, for severe mitral valves, contraindicated heart failure during pregnancy - but these complications can be safely treated with medication during pregnancy. High blood pressure: As more and more women delay pregnancy until later in life, high blood pressure is one of the most common medical conditions administered during pregnancy, said Chad Klausner, DOCTOR, gynecologist and clinical assistant professor at Mount Sinai School of Medicine in New York City. The greatest risk for pregnant patients with high blood pressure is the development of pre-production, but many of these women become pregnant or pre-production can be administered until the baby reach safe pregnancies to give birth. Women who anticipate pregnancy should consider their current medications with their obstetrician to ensure that the hypotensive agents they are on are safe to use during pregnancy, Dr. Klausner adds. Conditions to be pre-conception: Although these conditions not an obstacle to pregnancy they certainly require consultation with a mother fetal medicine specialist and a cardiologist to determine if pregnancy is a good idea, Dr. Martin said. Artificial valves: This can be a small or large concern, depending on the type of valve and its location, Dr. Martin said. Women with artificial valves are blood thinners, some of which are not recommended during pregnancy, but your doctor can help you transition to a safer drug. Mitral valve narrowing: This rare condition occurs when the mitral valve of the heart is narrowed and does not open properly; therefore, blocked blood flow enters your left sycardia, the main pumping chamber of your heart. A woman's risk of pregnancy depends on how the valve shrinks, her history with the condition, and the type of treatment she has had in the past. It is possible to have a safe pregnancy with proper care or with the correction of a severe obstruction before conception, Dr. Martin confirmed. b&g;Cardiomyopathy: There are several types of this condition (a woman is not born with it), which develops when the heart muscle is weakened for various reasons. There are also types of myocardial diseases that can be hereditary, but do not become clinically meaningful until a teenager or adult adolescent. Dilated cardiomyopathy: A very rare type of heart failure is often the result of infection and causes the heart to dilate like an over-strained water balloon. Peripartum Cardiomyopathy: Heart failure develops during or within the first six months after pregnancy in 1 in 5,000 to 8,000 pregnant women. It can be administered during pregnancy with the drug, but most women are advised not to get pregnant again. Limited cardiomyopathy disease: A condition that can develop in people with chronic high blood pressure or obesity. The heart muscle has been working so hard for so many years that, like any muscle you work out, it becomes bigger and thicker, which can put women at risk of heart failure, especially during labor. The condition could mean that pregnancy is not possible There are a few rare conditions that often mean a woman shouldn't try to get pregnant at all, Dr. Martin said. These include: Marfan syndrome: A genetic disease that causes people to be very tall, with extremely long arms, and, often, an overbite. People with Marfan (some of them may not know they have it), have a defect in their connective tissue that causes them to be hypermobile. Of concern in some pregnant patients is that the artery is predominantly and can rupture, causing death. Women who suspect they may have this syndrome should be assessed and consulted about the risks. Pulmonary hypertension caused by Eisenmenger Syndrome: A rare condition can develop in women who are born with a hole in the heart that causes blood to flow back into the lungs, creating high blood pressure in the lungs over time. When the pressure becomes big enough, the heart can no longer blood enters the lungs, which means that a person can not get enough oxygen and can die. Because pregnancy lowers blood pressure, it often brings dangerous scenarios on faster. Severe aortic narrowing: In this condition, the aortic valve, which is responsible for blood flow to the body, is narrowed, making it difficult for blood to pass through. Very quickly, blood can return in the heart and lungs leading to heart failure. The good news is that it can be fixed through surgery, but women with aortic evascular artery artery need to be evaluated before pregnancy to see whether surgery can fix the problem and make pregnancy possible. The history of a heart attack In most cases, we advise against pregnancy, because the rate of pregnancy loss and the rate of medternity complications is very, very high in people who have had a heart attack, Dr. Martin said. Says.

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