Preeclampsia Interventions

The nursing management of preeclampsia focuses on preventive care including early prenatal care and identifying patients who are at risk. Early detection of preeclampsia allows for interventions (bed rest, antihypertensives, magnesium sulfate) to slow the progression of the disease, allowing the pregnancy to continue to have a healthy newborn as close to term as possible.



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Side Lying Position and Bedrest
Side Lying Position in Bed
Bed rest may be recommended, which includes a left side-lying position, as this increases placental blood circulation.

Antihypertensives
Ant-tie-hiker-BP
Patients may be prescribed an antihypertensive to help lower blood pressure. However, ACE inhibitors and angiotensin receptor blockers (ARBs) are contraindicated due to their effects on fetal development.

Magnesium Sulfate
Magnesium-magazine with Sulfur-matches
Magnesium sulfate, a central nervous system depressant, may be given to prevent or reduce seizure activity. This medication may be continued for 24-48 hours postpartum, and be sure to monitor for signs of magnesium toxicity such as flushing, sweating, hypotension, depressed deep tendon reflexes, and central nervous system depression. Keep the antidote calcium gluconate readily available.

Labor Induction
Labor Induction-duck
Delivery of the fetus and placenta is the only cure for preeclampsia. Depending on the stage of the pregnancy and the severity of the disease, the physician may choose to induce labor. If less than 34 weeks, corticosteroids may be given to facilitate fetal lung maturity in preparation for preterm labor.

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