Preeclampsia is a complication of pregnancy that is characterized by elevated blood pressure and high protein levels in urine, causing decreased blood flow from the mother to the placenta, thus delivering less oxygen and nutrients to the baby. The condition may cause other complications for both the mother and baby, including risk of preterm birth and long-term health effects. Routine follow-up and preventive care for both mother and child, and a healthy lifestyle (such as a healthy diet, physical activity, avoiding stress) are particularly important in seeking to prevent these long-term effects.¹

2017-2019 PRAMS data suggest that 13.8% of Kansas women experience pregnancy related hypertension (gestational hypertension, preeclampsia, or eclampsia). The prevalence increased at a statistically significant trend during this three-year period, with 16.1% of Kansas women with a live birth in 2019 reporting pregnancy related hypertension, compared to only 11.8% of women who gave birth in 2017. In addition, preexisting conditions such as hypertension, depression, anxiety, being overweight, and obesity were significantly associated with pregnancy related hypertension. The prevalence was also significantly higher among non-Hispanic Black women, compared to non-Hispanic White women, non-Hispanic women of other/mixed race, or Hispanic women.²

May 22 is World Preeclampsia Day

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With maternal morbidity and mortality rates at alarming levels, and the recognition that 60% of preeclampsia related deaths are preventable, it is our job as healthcare providers to educate patients and their families and follow best practices.³ In recognition of World Preeclampsia Day on May 22, we are reaching out to all of you with the following resources, in hopes you will work to incorporate patient education materials and best practices into your care and public awareness campaigns. Please join us in educating providers and patients about the importance of:

- **Awareness** and identification of risk factors
- **Early screening** in the first trimester
- **Prescribed** and regular intake of low-dose aspirin before week 16 for women at increased risk
- **Knowledge** of symptoms and warning signs and when to seek medical attention
- **Close monitoring** by prenatal care provider throughout pregnancy and six weeks postpartum

### Prevalence of Self-Reported Gestational Hypertension, Preeclampsia, or Eclampsia

Among Kansas Women With a Recent Live Birth

<table>
<thead>
<tr>
<th>By Race/Ethnicity</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>29%</th>
<th>30%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>14.0%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>23.2%</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Hispanic</td>
<td>9.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Other/Multiracial</td>
<td>12.9%</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>By Year of Infant’s Birth</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>11.8%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2018</td>
<td>13.7%</td>
<td></td>
<td></td>
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<tr>
<td>2019</td>
<td>16.1%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>By Body Mass Index</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight or normal weight (&lt;25.0)</td>
<td>9.1%</td>
<td></td>
<td></td>
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<tr>
<td>Overweight (25.0-29.9)</td>
<td>15.4%</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>Obese (30.0+)</td>
<td>21.4%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>By Health Conditions in the 3 Months Before Pregnancy</th>
<th>0%</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>No</td>
<td>12.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>18.9%</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Depression</td>
<td>No</td>
<td>12.9%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>20.6%</td>
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<td></td>
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<tr>
<td>Anxiety</td>
<td>No</td>
<td>12.9%</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Yes</td>
<td>19.9%</td>
<td></td>
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</tbody>
</table>

Includes Asian, Native American, Native Hawaiian/Pacific Islander, other race, and multiracial.
Error bars represent 95% confidence intervals.
Source: Kansas Department of Health and Environment, Kansas Pregnancy Risk Assessment Monitoring System (PRAMS), 2017-2019
May 22 is World Preeclampsia Day

Patient Education Resources:

Websites:
- Preeclampsia Foundation - Information for Women and Families
- March of Dimes – Information on Preeclampsia
- Preeclampsia Foundation – Postpartum Preeclampsia
- Support for Survivors of Preeclampsia

Videos for patient education by use in prenatal classes or home visits, waiting rooms, websites and social media platforms:
- 7 Symptoms Every Pregnant Woman Should Know (2:45)
- Aspirin May Prevent or Delay the Onset of Preeclampsia (2:08)
- Postpartum Preeclampsia – You Are Still at Risk After Your Baby is Born (3:44)
- Joan Donnelly’s Story – Postpartum Preeclampsia (5:03)
- Preeclampsia & Eclampsia – causes, symptoms, diagnosis, treatment, pathology (6:46)

Handouts/Posters:
- Preeclampsia Fact Sheet
- Health Action Sheet – Low-dose aspirin to prevent preeclampsia and premature birth
- Poster - Act Early! Screen Early!
- Preeclampsia Foundation Marketplace

Infographics:
- What Women Need to Know About Preeclampsia
- Signs and Symptoms of Preeclampsia
- Postpartum Preeclampsia – You are Still at Risk
- After Delivery – Recognizing These Signs Can Save Your Life
- Mental Health Effects of Preeclampsia and HELLP Syndrome
- Take Heart-Take Care

Best Practice and Guidance

Resources for Providers:

Practice Guidelines
- Preeclampsia Foundation – Best Practices for Healthcare Providers
- U.S. Preventive Services Task Force (USPSTF) – Final Recommendation Statement on Preeclampsia Screening
- American College of Obstetricians and Gynecologists (ACOG) Clinical Guidance

Current Guidelines on Low-Dose Aspirin
- Preeclampsia Foundation – Ask About Aspirin
- USPSTF – Recommendation Statement on Low-Dose Aspirin Use (2019 update in progress)
- ACOG Committee Opinion on Aspirin for Preeclampsia

Managing Preeclampsia and Eclampsia
- Course on the Evidence-Based Management of Preeclampsia and Eclampsia

Hypertension Safety Bundle
- Consensus Statement on Severe Hypertension During Pregnancy and the Postpartum Period
- Patient Safety Bundle on Severe Hypertension in Pregnancy
- Joan Donnelly’s Story – Postpartum Preeclampsia

Websites on Awareness
- Preeclampsia Foundation
- Preeclampsia Awareness Campaign 2021
- Health Equity
May 22 is World Preeclampsia Day

Social Media Posts

Preeclampsia_Graphic_1.jpg — Risk for Preeclampsia can be identified by your doctor through blood tests and other screening including, medical history, blood pressure monitoring, and Doppler ultrasound as early as the end of your first trimester (11 to 14 weeks). Determining your risk factors and developing a course of action is an important part of your prenatal care. Early detection is key in keeping you and your baby healthy throughout your pregnancy and beyond! For more information, please visit https://www.efcni.org/activities/campaigns/world-preeclampsia-day/.

Preeclampsia_Graphic_2.jpg — Knowing the signs and symptoms of preeclampsia can keep you and your baby healthy - it could even save your life! Preeclampsia is linked to preterm birth and low birth weight, as well as heart and breathing problems for babies. Mothers with preeclampsia can experience serious, even life threatening complications, and often go on to have high blood pressure and other heart disease later in life. Eating a healthy diet, getting plenty of exercise, and managing your stress can all help keep your pregnancy as healthy as possible, and are great habits to maintain after the birth of your baby as well. If you're experiencing any of the signs or symptoms of preeclampsia, tell your health care provider right away! For more information about Pre-Eclampsia Awareness Day, check out: https://www.efcni.org/activities/campaigns/world-preeclampsia-day/.

Preeclampsia_Graphic_3.jpg — It isn't just high blood pressure - it's an emergency! Preeclampsia can have serious consequences for you and your baby. Keeping all of your prenatal appointments and following your doctor's recommendations on lifestyle changes, such as diet and exercise, are key to avoiding major health issues down the road. For more information about Preeclampsia and what you should know, please visit: https://www.efcni.org/activities/campaigns/world-preeclampsia-day/.

Preeclampsia_Graphic_4.jpg — While PRAMS* data shows that 13.8% of pregnant women in Kansas experience pregnancy related hypertension, women with preexisting conditions such as hypertension, anxiety, being overweight and obesity have even higher rates. Keeping all of your prenatal appointments and following your doctor’s recommendations on lifestyle changes, such as diet and exercise, are key to decreasing your risks and avoiding major health issues down the road. Information provided by the EFCNI and World Pre-eclampsia Day. Find more information at: https://www.efcni.org/downloads/factsheets/.

Preeclampsia_Graphic_5.jpg — While PRAMS* data shows that Non-Hispanic Black women report a higher rate of developing pregnancy related hypertension, preeclampsia, and eclampsia, steps can be taken to help decrease the risk. It is vitally important for you to access prenatal care and prenatal education early in your pregnancy! Advocate for your health by participating in routine health screenings and managing any chronic health conditions you might have, like obesity, high blood pressure and depression. Engage in reproductive health planning to ensure chronic health conditions are under good control before your next pregnancy. To learn more about accessing low cost services visit https://www.kdheks.gov/c-f/womens.html.