severe features has a similar rate of adverse outcomes to the general obstetric population.

TREATMENT

Preeclampsia

The management of preeclampsia is challenging because it requires the clinician to balance the health of the mother with the health of the fetus. The definitive treatment of preeclampsia is delivery of the fetus and placenta. This reduces the mother's morbidity but exposes the fetus to the risks of prematurity. In preeclampsia without severe features, delivery at 37 weeks is recommended. Women with preeclampsia without severe features may be managed conservatively until 37 weeks with close monitoring for development of severe features, careful fetal surveillance, and limited physical activity to reduce blood pressure.

Expectant management of preeclampsia with severe features remote from term affords some benefits for the fetus but at significant risk to the mother. For women with preeclampsia with severe features, delivery is recommended unless the patient is <34 weeks and eligible for expectant management in a tertiary hospital setting. Indications for delivery prior to 34 weeks include unremitting symptoms, development of laboratory abnormalities, or severe range blood pressures refractory to medical management. The goal of prolonging pregnancy to this gestational age is to improve neonatal outcomes. Therefore, concerns about fetal well-being, such as severe intrauterine growth restriction or placental abruption, may also prompt delivery before 34 weeks. Timely management of blood pressures >160/110 mmHg reduces the risk of CVAs. Labetalol or hydralazine IV are the first-line agents to manage severe hypertension in preeclampsia with consideration of oral agents once blood pressure is controlled. Elevated arterial pressure should be reduced slowly to avoid hypotension and a decrease in blood flow to the fetus.

Magnesium sulfate is the preferred agent to prevent eclampsia in patients with preeclampsia with severe features and for treatment and prevention of recurrent seizures in patients with eclampsia.