

Brief Note on Influence of Preeclampsia on Preterm Labor in Pregnant Women

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DESCRIPTION

Preeclampsia formerly called toxemia, is a high blood pressure (hypertension) disorder that can happen during gestation. Preeclampsia is responsible for over 500,000 newborn deaths and 76,000 maternal deaths worldwide. The rate of preeclampsia in the United States is 3-4 times more than other advanced countries.

Preeclampsia generally begins after 20 weeks of gestation in a woman whose blood pressure had been normal. It can lead to serious, indeed fatal, complications for both mother and baby. It's thought to be caused by the placenta not developing appropriately due to a problem with the blood vessels supplying it.

Preeclampsia may lead to an unplanned preterm birth-delivery before 37 weeks. Also, planned preterm birth is a primary treatment for preeclampsia. A baby born prematurely has increased threat of breathing and feeding difficulties, vision or hearing problems, developmental issues, and cerebral paralysis.

Preeclampsia Symptoms are high blood pressure during gestation, blurred vision, headache, swelling of the face, hands and legs, upper abdominal pain, vomiting, difficulty in breathing, HELLP (Hemolysis, Elevated Liver enzymes, Low Platelet count) syndrome (severe form of preeclampsia).

Stress may lead to high blood pressure during gestation. This puts you at threat for a serious high blood pressure condition called preeclampsia, unseasonable birth and having a low-birth weight child. Multiple cases of preeclampsia happen in women with no specified history of the complication in their families, and these cases didn't appear to be inherited. Some families have a strong family history of the complication; even so, the heritage pattern is unknown. Pregnant women who are anticipating a female are at increased threat for preeclampsia.

People who are at higher risk for preeclampsia are women older than 40 years, multiple pregnancy (being pregnant with more than one fetus), African American race and also, among women who have had preeclampsia previously, non-white women are

more likely than white women to develop preeclampsia again in their subsequent gestation.

Nevertheless, they may offer you a blood test to help rule out preeclampsia; if you are between 20 weeks and 35 weeks pregnant and your doctors thought you may have preeclampsia. It measures percentage of a protein called Placental Growth Factor (PIGF). Even so your PIGF percentage are high, it's likely that you may not have preeclampsia. Then your health provider may check your baby's health with Ultrasound and diagnose your condition. In cases with no severe features of preeclampsia, guidelines from major medical associations generally recommend expectant guidance before 34 weeks of pregnancy.

Preeclampsia can be treated with antihypertensive medicines to lower blood pressure, anticonvulsant drug, similar as magnesium sulfate, to prevent seizures and corticosteroids to promote development of your baby's lungs before delivery.

Folic acid and vitamin B6 may help prevent symptoms in women with a history of preeclampsia and high homocysteine levels. One study results showed that a reduction in preeclampsia with supplementation of a multivitamin with folic acid.

Taking a baby aspirin daily has been demonstrated to reduce your threat of developing preeclampsia by around 15%. Still, your healthcare provider may recommend you to start taking aspirin in early gestation (by 12 weeks pregnancy), if you have risk factors for preeclampsia.

Research shows that diets high in vegetables, olive oil, fruits and meat were associated with reducing the risk of preeclampsia. The main foods to avoid are processed meat, white bread, French fries, salty snacks and effervescent drinks. Induced labor or C-section may be done for the safe delivery of the baby.

CONCLUSION

Preeclampsia and related hypertensive diseases of gestation impact 5-8 of all births in the United States. Most women with preeclampsia will deliver healthy babies and completely recover. But still, some women will suffer complications, several of which may be life-threatening to mother and/or baby.

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Preterm birth and Preeclampsia share pathophysiologic mechanisms. These mechanisms may lead to preterm birth in one gestation and preeclampsia in future gestations in the same

woman. The association was particularly apparent with preterm preeclampsia. Hence further research studies should be conducted to determine their association more precisely.