**Complications**

Possible Complications, what to look for and how to help relieve them. We are going to discuss a few of them today, there are other listed in your book. You will also want to speak with your physician as far as your individual health concerns.

**High blood pressure**

High blood pressure, also called hypertension, this causes pressure to increase in the arteries. In pregnancy, this can make it hard for blood to reach the placenta, which provides nutrients and oxygen to the fetus. Reduced blood flow can slow the growth of the fetus and place the mother at greater risk of preterm labor and preeclampsia

Women who have high blood pressure before they get pregnant will continue to have to monitor and control it, with medications if necessary, throughout their pregnancy. High blood pressure that develops in pregnancy is called gestational hypertension. Typically, gestational hypertension occurs during the second half of pregnancy and goes away after delivery.

Who knows what normal blood pressure is? Less than 120/80

Great, Thank you for answering

We are going to talk a little about Preeclampsia

**Preeclampsia**

Preeclampsia is a serious pregnancy complication that typically occurs after 20 weeks of gestation. It affects both the mother and the baby. Preeclampsia is a condition marked by high blood pressure and high protein levels in a woman’s urine. It can develop earlier in the pregnancy, or even postpartum. Doctors are not sure what causes preeclampsia, and it can range from mild to severe.

Here are the key points about preeclampsia:

If you start to notice more than a couple of these symptoms and have concerns talk to your doctor there are test they can run.

Symptoms

High Blood Pressure: Preeclampsia is characterized by elevated blood pressure.

Changes in body functions

Severe headaches, vision changes, shortness of breath (due to fluid in the lungs), upper belly pain (usually on the right side under the ribs), and nausea or vomiting

Sudden Weight Gain or Edema: While weight gain and swelling are typical during pregnancy, sudden weight gain or edema (especially in the face and hands) may be a sign of preeclampsia.

Proteinuria: This condition involves the presence of excess protein in the urine which can lead to kidney damage.

Other signs include decreased platelet levels, increased liver enzymes (indicating liver problems),

Complications:

some cases of preeclampsia can prevent the placenta from getting enough blood. Preeclampsia can cause serious complications in both mother and baby. Some complications include:

-Fetal Growth Restriction: Reduced blood supply to the placenta can lead to slow fetal growth and low birth weight.

-Placental Abruption: Separation of the placenta from the uterine wall, causing heavy bleeding.

-HELLP Syndrome: A serious condition involving hemolysis (destruction of red blood cells), elevated liver enzymes, and low platelet count.

-Preterm Birth: In severe cases, labor may be induced before full term, which can lead to various problems in the baby (e.g., immature lungs, brain bleeds).

-Breathing difficulties for the baby

-Eclampsia, or seizures

Diagnosis:

-Regular prenatal visits involve monitoring blood pressure.

-Laboratory tests include blood tests (for liver and kidney function) and urine analysis (to detect proteinuria).

-Fetal ultrasound and nonstress tests assess the baby’s well-being.

Treatment:

-Lifestyle Measures: Adequate rest, hydration, and avoiding alcohol and caffeine.

-Diet: Focus on calcium-rich foods, vitamin C and E sources, and avoid processed foods with refined sugars.

-Medications: Antihypertensives (e.g., Losartan, Olmesartan) to manage blood pressure, corticosteroids (e.g., -Betamethasone) to improve liver function and platelet count, and anticonvulsants (e.g., Magnesium Sulfate) to prevent seizures.

Contributing factors

-First pregnancies

-Preeclampsia in a previous pregnancy

-Existing conditions such as high blood pressure, diabetes, kidney disease, and systemic lupus erythematosus

-Being 35 years of age or older

-Carrying two or more fetuses

-Obesity

**Gestational diabetes** occurs when a woman who didn't have diabetes before pregnancy develops the condition during pregnancy.

Normally, the body digests parts of your food into a sugar called glucose. Glucose is your body's main source of energy. After digestion, the glucose moves into your blood to give your body energy.

To get the glucose out of your blood and into the cells of your body, your pancreas makes a hormone called insulin. In gestational diabetes, hormonal changes from pregnancy cause the body to either not make enough insulin, or not use it normally. Instead, the glucose builds up in your blood, causing diabetes, otherwise known as high blood sugar.

If not controlled, it can lead to high blood pressure from preeclampsia and having a large infant, which increases the risk for cesarean delivery.

During pregnancy you can help control gestational diabetes by eating healthy foods, exercising and, if necessary, taking medication. Controlling blood sugar can keep you and your baby healthy and prevent a difficult delivery.

Symptoms

There really aren’t a lot of symptoms that you can look for hats what it is really important to limit your sugar intake especially added sugars. Possible Symptoms might be:

- Increased Thirst

- More frequent Urination

This is why it is important to see the doctor if you plan on getting pregnant as well as the throughout the pregnancy.

Contributing factors:

-Being overweight or obese

-Being Prediabetic or Diabetic

-Family member with diabetes

-Previous pregnancy with gestational diabetes

-Sedentary lifestyle - Not physically active

-Polycystic ovary syndrome

-Delivered a baby weighing more than 9 pounds

-Black, Hispanic, American Indian and Asian American

Complications for Baby:

-Excessive birth weight - Very large babies weighing more than 9 pounds can become wedged in the birth canal, sustain injuries during birth or need a C-section birth.

-Early (preterm) birth

-Low blood sugar - Seizures

-Obesity and type 2 diabetes later in life

-Serious breathing difficulties – babies born early may experience respiratory distress syndrome

-Stillbirth - either before or shortly after birth

Complications for Mom:

-High blood pressure and preeclampsia

-Future diabetes

-Having a surgical delivery (C-section)

Prevention

-Start pregnancy at a healthy weight

-Eat healthy foods

-Keep active

Exercising before and during pregnancy can help protect you from developing gestational diabetes. Aim for 30 minutes of moderate activity on most days of the week. Take a brisk daily walk. Ride your bike. Swim laps. Short bursts of activity — such as parking further away from the store when you run errands or taking a short walk break — all add up.

-Don't gain more weight than recommended -talk to your doctor about your personal needs

Focus on making lasting changes to your eating habits that can help you through pregnancy, such as eating more vegetables and fruits.

Overview

-Choose foods high in fiber and low in fat and calories.

-Focus on fruits, vegetables and whole grains.

-Strive for variety to help you achieve your goals without compromising taste or nutrition.

-Watch portion sizes.

- Stay hydrated - half of weight in ounces daily -drink some veery 15 minutes or so.

-Keep active -30 minutes of moderate activity

-Start pregnancy at a healthy weight

-Don't gain more weight than recommended

**Postpartum Depression**

Most new moms experience postpartum "baby blues" after childbirth, which commonly include mood swings, crying spells, anxiety and difficulty sleeping. Baby blues usually begin within the first 2 to 3 days after delivery and may last for up to two weeks. But some new moms experience a more severe, long-lasting form of depression known as postpartum depression. Sometimes it's called peripartum depression because it can start during pregnancy and continue after childbirth.

Postpartum depression is not a character flaw or a weakness. Sometimes it's simply a complication of giving birth. If you have postpartum depression, prompt treatment can help you manage your symptoms and help you bond with your baby.

**Baby blues symptoms**

Symptoms of baby blues — which last only a few days to a week or two after your baby is born — may include:

* Mood swings
* Anxiety
* Sadness
* Irritability
* Feeling overwhelmed
* Crying
* Reduced concentration
* Appetite problems
* Trouble sleeping

**Postpartum depression symptoms**

Postpartum depression may be mistaken for baby blues at first — but the symptoms are more intense and last longer. These may eventually interfere with your ability to care for your baby and handle other daily tasks. Symptoms usually develop within the first few weeks after giving birth. But they may begin earlier — during pregnancy — or later — up to a year after birth.

Postpartum depression symptoms may include:

* Depressed mood or severe mood swings
* Crying too much
* Difficulty bonding with your baby
* Withdrawing from family and friends
* Loss of appetite or eating much more than usual
* Inability to sleep, called insomnia, or sleeping too much
* Overwhelming tiredness or loss of energy
* Less interest and pleasure in activities you used to enjoy
* Intense irritability and anger
* Fear that you're not a good mother
* Hopelessness
* Feelings of worthlessness, shame, guilt or inadequacy
* Reduced ability to think clearly, concentrate or make decisions
* Restlessness
* Severe anxiety and panic attacks
* Thoughts of harming yourself or your baby
* Recurring thoughts of death or suicide

It's important to call your provider as soon as possible if the symptoms of depression have any of these features:

Don't fade after two weeks.

Are getting worse.

Make it hard for you to care for your baby.

Make it hard to complete everyday tasks.

Include thoughts of harming yourself or your baby.

**Diagnosis**

Share your symptoms with your provider so that you and your provider can create a useful treatment plan.As part of your evaluation, your health care provider may do a depression screening, including having you fill out a questionnaire. Your provider may order other tests, if needed, to rule out other causes for your symptoms.

**Treatment**

Baby blues

The baby blues usually fade on their own within a few days to 1 to 2 weeks. In the meantime:

* Get as much rest as you can.
* Accept help from family and friends.
* Connect with other new moms.
* Create time to take care of yourself.
* Avoid alcohol and recreational drugs, which can make mood swings worse.
* Ask your health care provider about getting help from a health professional called a lactation consultant if you're having problems with producing milk or breastfeeding.

-*Make healthy lifestyle choices.* Include physical activity, such as a walk with your baby, and other forms of exercise in your daily routine. Try to get enough rest. Eat healthy foods and avoid alcohol.

-*Set realistic expectations.* Don't pressure yourself to do everything. Scale back your expectations for the perfect household. Do what you can and leave the rest.

-*Make time for yourself*. Take some time for yourself and get out of the house. That may mean asking a partner to take care of the baby or arranging for a sitter. Do something you enjoy, such as a hobby or some form of entertainment. You might also schedule some time alone with your partner or friends.

-*Avoid isolation*. Talk with your partner, family and friends about how you're feeling. Ask other mothers about their experiences. Breaking the isolation may help you feel human again.

-*Ask for help*. Try to open up to the people close to you and let them know you need help. If someone offers to babysit, take them up on it. If you can sleep, take a nap, or maybe you can see a movie or meet for coffee with friends. You may also benefit from asking for help with parenting skills that can include caregiving techniques to improve your baby's sleep and soothe fussing and crying.

**Practical Application – Planning a Healthy Meal**

-½ your plate should be Fruits and vegetable – Raw are best – Don’t overcook vegetables, they lose nutrients.

-Varie your fruits and veggies -eat red, orange and dark green vegetables – eat a variety of all colors of fruit

-Chose lean proteins – Eat fish, poultry, beans and nuts -limit red meat and cheese- avoid bacon, cold cuts and other processed meats.

-Eat a variety of whole grains (whole wheat bread, whole grain past and brown rice ) – Limit refined grains (white rice and white bread)

-Select fat free or 1% milk (doctor may tell you to limit), drink more water (get in the habit of drinking with meal you will need it when you start nursing) – drink herbal or caffeine free tea, caffeine free coffee as long as it doesn’t bother you and permitted by your doctor (your doctor is the final authority limit juice – look for sugar free pure fruit juice (check label) – avoid sugary drinks

-Use healthy oils like olive and canola oil for cooking and on salads- Limit butter -Avoid Trans fat