

## KEY POINTS

- About 1 in 20 cases of preeclampsia are diagnosed postpartum
- Preeclampsia can occur up to 6 weeks after delivery
- The only symptom may be elevated blood pressure (systolic 140 and higher or diastolic 90 and higher)
- Preeclampsia is a leading cause of pregnancy related deaths

## AUTHORS

Gary Marks, DO, Medical Editor,  
Adult Clinical Content

Laurie O'Bryan, RN, Nurse Editor,  
Adult Clinical Content

Copyright 2025  
Schmitt-Thompson Clinical Content

## Recognizing Preeclampsia in the Postpartum Triage Caller

Awareness of rare but high-risk conditions is an important nurse triage skill. Preeclampsia is one such example. It can be easily missed as a concern after delivery. It is important for nurse triagers to be aware of preeclampsia signs and symptoms before it becomes life-threatening. This newsletter gives you the tools to recognize warning signs, assess patient risk, and make critical triage decisions.

### Key Points

It is important to screen for signs of preeclampsia during the first six weeks after delivery. Preeclampsia is a serious medical condition that usually starts in the second half of pregnancy. It occurs in 4.6 out of 20 pregnancies worldwide (about five in 20 pregnancies the United States).

One in twenty cases of preeclampsia are diagnosed during the postpartum period, usually within the first few days but sometimes up to six weeks later. Even patients with normal blood pressure readings during pregnancy remain at risk.

Organ damage, seizures (eclampsia), and stroke are serious complications of preeclampsia. It is a leading cause of death related to pregnancy.

### Definitions

<b>Chronic Hypertension</b>	High blood pressure that: <ul style="list-style-type: none"><li>• Existed <b>before pregnancy</b></li><li>• Developed <b>before 20 weeks gestation</b></li><li>• Persists <b>beyond 12 weeks postpartum</b></li><li>• May be present pre-pregnancy</li></ul>
<b>Gestational Hypertension</b>	<b>New</b> high blood pressure that: <ul style="list-style-type: none"><li>• Developed <b>after 20 weeks gestation</b></li><li>• Unlike preeclampsia, <b>does not result in abnormal urine protein or organ damage.</b></li></ul>
<b>Preeclampsia</b>	High blood pressure: <ul style="list-style-type: none"><li>• <b>After 20 weeks gestation or postpartum</b> that can cause organ damage</li><li>• Also known as <b>pregnancy-induced hypertension</b> or <b>toxemia.</b></li></ul>



## What Are the Symptoms of Preeclampsia?

As with all triage, it is important to identify the patient's primary reason for call (RFC). Ask: *"What is your main symptom or concern?"*

Elevated blood pressure may be the only presenting symptom. Recent delivery escalates the urgency of a patient with elevated blood pressure.

Because multiple organs can be affected by preeclampsia, there are a range of symptoms that can occur. These include:

Organ System	Symptoms
Cardiovascular system	Hand or face swelling, shortness of breath
Gastrointestinal system	Nausea or vomiting, upper abdomen pain
Ocular system	Vision changes
Renal system	Sudden weight gain
Respiratory system	Difficulty breathing
Nervous system	Severe or persistent headache or confusion. Seizures occur in those who progress from preeclampsia to eclampsia.

## Which Guidelines Provide Triage Decision-Support for Postpartum Preeclampsia?

Several triage guidelines contain targeted triage support for postpartum preeclampsia. These include:

Adult Telehealth Triage Guideline
Postpartum - Abdominal Pain
Postpartum - Headache
Postpartum - High Blood Pressure
Postpartum - Leg Swelling and Edema
Postpartum - Vision Loss or Change



These five guidelines contain Triage Assessment Questions (TAQs) that capture the blood pressure changes and common symptoms of preeclampsia. Here are some example TAQs from the **Postpartum – Vision Loss or Change** guideline that include rule out statements for preeclampsia:

#### Go to ED Now

SEVERE headache

R/O: [preeclampsia](#), [migraine](#)

Upper abdominal pain lasts > 1 hour

R/O: [preeclampsia](#)

CA: 41, 92, 1

New hand or face swelling

R/O: [preeclampsia](#)

CA: 41, 92, 1

Systolic BP  $\geq$  140 OR Diastolic BP  $\geq$  90

R/O: [preeclampsia](#)

CA: 41, 92, 1

[1] Blurred vision or visual changes AND [2] present now AND [3] sudden onset or new (e.g., minutes, hours, days)

R/O: [preeclampsia](#), [uveitis](#), [optic neuritis](#), [glaucoma](#)

CA: 41, 80, 1

[1] Headache AND [2] brief (now gone) blurred vision or visual changes (Exception: Previously diagnosed migraine headaches with same symptoms.)

R/O: [Arteriovenous malformation \(AVM\)](#), [new-onset migraine](#), [preeclampsia](#)

CA: 41, 80, 1

There is also additional information available in the Background Information (BI) section in several of these guidelines. An example is this *caution statement* in the **Postpartum – Vision Loss or Change** guideline:

#### Caution - Preeclampsia

Preeclampsia can occur during the second half of pregnancy and in the postpartum period. Preeclampsia is a potentially serious problem that can progress to eclampsia (life-threatening, seizures). Other terms that mean the same thing are *pregnancy-induced-hypertension* and *toxemia*.

Preeclampsia should be considered in any patient having **blurred vision** or **visual changes** and who is more than 20 weeks pregnant or who is a postpartum patient in the first six weeks after delivery.



## Who Is at Risk of Getting Preeclampsia?

High Risk	Moderate Risk	Additional Risk
Autoimmune disorders	Age 35 years or older	Minority ethnic group
Chronic hypertension	Family history	
Diabetes	First pregnancy	
Kidney disease	In Vitro Fertilization (IVF) pregnancy	
Multiple gestations (e.g., twins)	Obesity (BMI over 30)	
Previous preeclampsia		

## How Is Postpartum Preeclampsia Diagnosed?

Confirmed systolic BP **140 and higher** OR diastolic BP **90 and higher**, AND...

- Spilling protein into the urine (proteinuria), OR...
- Laboratory findings or symptoms of multi-organ injury. Examples are abnormal liver or kidney tests, low platelets, confusion, pulmonary edema, severe or persistent headache, and vision changes.

People with preeclampsia may also have **HELLP Syndrome**. HELLP is an acronym that outlines the main features of this rare syndrome. It stands for **H**emolysis, **E**levated **L**iver enzymes, and **L**ow **P**latelets.

## How Is Preeclampsia Treated?

**Pregnancy:** Delivery is the cure. Earlier delivery for severe cases.

**Postpartum:** Control blood pressure with IV medications and prevent seizures with magnesium sulfate. Severe hypertension needs emergency treatment to prevent stroke.



## Summary

- Preeclampsia can cause life-threatening organ damage affecting the blood, brain, kidneys, liver, and lungs.
- Seizures are a sign of progression to eclampsia - a medical emergency.
- Preeclampsia can occur during the second half of pregnancy and up to six weeks postpartum.
- Recent delivery history is a key finding for accurate triage of elevated blood pressure.
- Monitor for headache, vision changes, breathing difficulty, abdominal pain, swelling or sudden weight gain.
- Five postpartum telehealth triage guidelines provide support for triaging postpartum preeclampsia symptoms.

## References

1. American College of Obstetricians and Gynecologists (ACOG). Preeclampsia and High Blood Pressure During Pregnancy. Available at: [https://www.acog.org/womens-health/faqs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy?utm\\_source=redirect&utm\\_medium=web&utm\\_campaign=otn](https://www.acog.org/womens-health/faqs/Preeclampsia-and-High-Blood-Pressure-During-Pregnancy?utm_source=redirect&utm_medium=web&utm_campaign=otn)
2. August P, Baha MS. Preeclampsia: Clinical features and diagnosis. In: Lockwood C (Ed). UpToDate. Waltham, MA: UpToDate Inc. <https://www.uptodate.com>. Accessed November 19, 2024.
3. Centers for Disease Control and Prevention (CDC). High Blood Pressure During Pregnancy. Available at: <https://www.cdc.gov/high-blood-pressure/about/high-blood-pressure-during-pregnancy.html>
4. Magee L, Warren M, Qaseem A, DeGeorge K. Hypertensive Disorders of Pregnancy. DynaMed. <https://www.dynamed.com>. Last updated Dec 18, 2024.
5. Powles K, Gandhi S. Postpartum hypertension. CMAJ. 2017;189(27):E913.