

 Patient Story

# Reflecting on Prenatal Care for Preeclampsia

Liz talks about her risk factors and how her care was managed.

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Liz is the proud mother of a baby boy, born in September 2019. But Liz's road to motherhood didn't come easy.

At 36, she got pregnant after two [IVF](#) (in vitro fertilization) treatments. And since Liz had high blood pressure before pregnancy, she knew she was at risk for [preeclampsia](#) – a serious blood pressure disorder that can happen during or after pregnancy.

In this edited interview, Liz explains what kind of prenatal care she received, and what

...and started internally, she explains what kind of prenatal care she received, and what happened when her blood pressure began to climb.

**ACOG: Tell us about your prenatal care, given your risk for preeclampsia.**

**Liz:** My ob-gyn was on top of watching for the preeclampsia symptoms every step of the way, even when I felt like it was overkill. I had frequent ultrasounds. I had all kinds of tests and monitoring along the way, including urine tests and [biophysical profiles](#).

My blood pressure was very stable up until I hit about the 8-month mark. I really had thought I was going to skate through without a problem.



Liz was diagnosed with preeclampsia at 36 weeks of pregnancy. Photo courtesy of Liz.

**ACOG: How did you learn about preeclampsia?**

**Liz:** I was consuming a lot of research about preeclampsia on my own, from medical journals and websites from medical organizations.

My ob-gyn also kept lines of communication open with me. We discussed all my risks in the beginning. She even told me up front, “You’re likely going to be [induced](#).” But I always felt like she was very respectful and open to hearing what I had to say.

I am a Black woman and she is White, and I will never forget how she came in to one of my appointments and said, “Hey, I want to have this conversation with you that I’ve never had with a patient before.”

with a patient before.

She discussed the fact that Black women die more often in pregnancy and childbirth than White women, even after considering things like education and access to care. My doctor said that minority women often don't feel heard by their doctors and this is a big factor when things go wrong with their health.

Then she looked me in the eye and said, "I want you to know that I am always going to hear you and I want you to feel and be heard."

I've never had a medical professional have that kind of conversation with me. I was in tears. I felt so lucky to be in such great hands.

**ACOG: Besides your blood pressure, what was your biggest concern?**

**Liz:** I really, really did not want to be induced. I had this somewhat irrational feeling that everything about this pregnancy felt very scientific, and done in a way that wasn't my body naturally doing things the way it's supposed to.

I just wanted one thing to be normal. I wanted my body to do its own thing and for this little guy to come out on his own time.

**ACOG: When did your blood pressure start to rise?**

**Liz:** Every time I came in for an appointment, the staff would ask about preeclampsia symptoms: "Are you having any blurry vision? Are you having any headaches? Do you have nausea, vomiting, or abdominal pain?" They were looking at my platelets and liver function, but those things were never a concern.

It was only my blood pressure that started ticking up toward the end, around 32 weeks, to a point where my ob-gyn said, "OK, this is really high." And yet I wasn't technically diagnosed with preeclampsia until right before my induction at 36 weeks.

**ACOG: How was the decision made to induce?**

**Liz:** Since my blood pressure was going up and up, my ob-gyn told me to plan to be induced sometime between 36 and 38 weeks.

At 36 weeks, I went to the clinic on a Friday at the very end of August. She didn't have my most recent lab tests back but she said I should plan to be induced the following week. That night I was having dinner with a friend and I got a call from my doctor. She said, "I took a look at your labs, and I think you need to have this baby tomorrow."

The lab work showed my liver enzymes were not looking good and that was enough to push her to say, "No, we can't wait."

**ACOG: What was going through your mind at that point?**

**Liz:** We hadn't finished the nursery yet. We were kind of freaking out about stupid things. And then it was like, okay, we're having a baby tomorrow! It was somewhat scary to be pushing that to happen so fast, but we were also like, oh my God, so exciting.

**ACOG: How did labor go the next day?**

**Liz:** It was pretty tough. They gave me the hormone that helps start labor, and I'm glad I had an epidural at some point. But I wasn't progressing after 27 hours. I got as far as 5 centimeters, and then my blood pressure kept getting worse.

That's when they said, "Okay, your health is declining quickly," and we decided to do a cesarean. My son was born at 3:03 pm on Sunday. He was completely healthy at 36 weeks and didn't need to go to the NICU [neonatal intensive care unit].

**ACOG: Why do you think you and your baby came through it all so well?**

**Liz:** First, the really great decision making to do the emergency cesarean was a factor. If we had waited longer, my health would have only declined more and that could have negatively impacted him.

Plus, I received great prenatal care. I also had a series of shots of a steroid they use if you're going to deliver early. It pushes along the baby's lung development. I think that also contributed to him being healthy

contributed to him being healthy.

**ACOG: Looking back, was there anything about preeclampsia that surprised you?**

**Liz:** I didn't realize that preeclampsia can continue to be an issue after pregnancy. So my ob-gyn was still heavily monitoring my blood pressure after the cesarean. She was adjusting my medications, and I had a bunch of outpatient follow-ups for blood pressure checks after I went home.

**ACOG: How are you doing today?**

**Liz:** I'm good. My blood pressure evened out, but I still take medication for it.

I know that if we decide to pursue another pregnancy, I would be at high risk for preeclampsia again. But there's not a whole lot I can do right now other than the usual stuff to be healthy. My primary care doctor has always been a big advocate of keeping up my exercise, keeping a healthy weight, and eating well to manage my blood pressure.

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