



Am I at risk?

Pre-eclampsia can affect any pregnancy, but some pregnancies are more at risk.

Risk factors:

- This is your first pregnancy, or even your first pregnancy with your present partner
- You, your mother or sister had pre-eclampsia
- You have a BMI (body mass index) of 35 or more
- Your age is 40 or over
- You are expecting twins, triplets, or quadruplets
- You suffer from high blood pressure, kidney problems and/or diabetes
- Your pregnancy was medically assisted by in vitro fertilization (IVF)

What should I ask my doctor?

Discuss the availability of pre-eclampsia screening with the PIGF 1-2-3™ blood test and advances in pre-eclampsia treatment.

References

1. Royal College of Obstetricians and Gynaecologists patient information leaflet, Information for you: Pre-eclampsia. RCOG Patient Information Committee, London, UK, Aug 2012.
2. Rolnik DL et al.(2017) Nicolaides KH. ASPRE trial: performance of screening for preterm pre-eclampsia. Ultrasound Obstet Gynecol Jul 25
3. Bujold et al. (2010) Prevention of preeclampsia and intrauterine growth restriction with aspirin started in early pregnancy: a meta-analysis. Obstet Gynecol. 2010;116:402-14.
4. Roberge et al. (2012) Early administration of low-dose aspirin for the prevention of preterm and term preeclampsia: a systematic review and meta-analysis. Fetal Diagn Ther. 2012;31(3):141-6. doi: 10.1159/000336662. Epub 2012 Mar 21.

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PRE-ECLAMPSIA SCREENING

A GUIDE FOR PARENTS

Not for Distribution in the United States.



DID YOU KNOW?

Being screened for pre-eclampsia is an important step you can take to protect the health of both yourself and your baby.

- Pre-eclampsia is a relatively common complication of pregnancy
- Early screening for pre-eclampsia is the best way to find out if pre-eclampsia can affect your pregnancy
- Aspirin is an effective way to treat preterm pre-eclampsia²

Pre-eclampsia

Pre-eclampsia is a relatively common hypertensive complication of pregnancy, affecting around 1 in every 20 pregnancies¹. All pregnancies have a small chance for pre-eclampsia regardless of maternal age, family history, or personal health. If predicted in time, pre-eclampsia can be monitored and treated effectively².

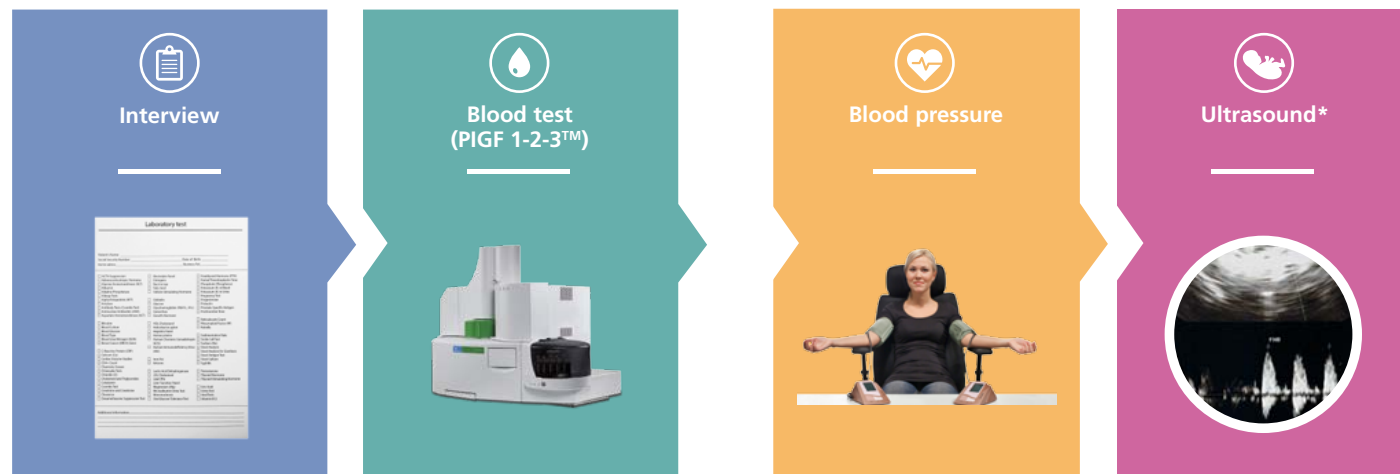
How can I reduce the risk of pre-eclampsia?

A low dose of bedtime aspirin, under the direct care of your doctor, has been shown to be effective in reducing the rate of pre-eclampsia². To get the best results, this treatment must be started before 16 weeks of pregnancy^{3,4}. That is why it is important to identify your risk of pre-eclampsia as early as possible in the pregnancy with a screening test.

When should I be screened for pre-eclampsia?

You should be screened for pre-eclampsia in the first trimester when your unborn baby is at least 11 weeks old and less than 14 weeks old.

The optimal time for screening is 11-13⁶ weeks of gestation.



Pre-eclampsia screening step by step

How is pre-eclampsia screening performed?

You are given a simple blood test that measures the amount of placental growth factor (PIGF 1-2-3™ assay) in your blood stream and a blood pressure measurement. You are also asked basic questions about your medical history and pregnancy. An ultrasound examining the blood flow in uterine arteries may be included.

What do the pre-eclampsia screening results mean?

Low risk:

You are unlikely to develop pre-eclampsia later in your pregnancy. You will also continue to receive normal prenatal monitoring and counseling.

Increased risk:

You will not necessarily develop pre-eclampsia, but your doctor may suggest that you start taking the recommended dose of aspirin as a preventative measure. The use of aspirin to treat pre-eclampsia should always be discussed with a health care professional.

What is the cause?

The exact cause of pre-eclampsia is not known. What we do know is that pre-eclampsia affects the ability of the placenta to deliver nutrients and oxygen from your blood to your unborn baby.

How can it affect me and the baby?

When pre-eclampsia develops, not enough blood flows from the placenta to your baby. Your blood pressure can become elevated and protein in the urine may be present. These factors may affect the baby's normal growth and development and your own health.

When pre-eclampsia occurs early in the pregnancy (before 37 weeks), the risk of early delivery and health problems associated with premature delivery increases.

LOW RISK
Normal care

INCREASED RISK
Treatment and monitoring

Pre-eclampsia screening tells you if you are at risk of developing pre-eclampsia. The earlier you know, the faster the treatment can be started to delay or reduce the risk of the disease progressing. ²