YOU DESERVE TO KNOW.

A Mom Stash Co. Guide to Preeclampsia Awareness

Pregnancy comes with a lot of information - what to eat, what to avoid, what size fruit your baby is this week, what to put on the registry, and what to pack for the hospital. But some of the information that could matter most to your health can get lost in all that noise.

Preeclampsia is one of those things.

Preeclampsia is a serious disorder that can affect organs throughout the body. It most often develops after 20 weeks of pregnancy, but it can also develop after your baby is born. Sometimes it develops without obvious symptoms, which is one reason routine blood-pressure checks during pregnancy matter so much.

WHY MOM STASH MADE THIS GUIDE

Because you deserve to understand what's happening in your body, too.

- Understand preeclampsia in plain language
- Recognize signs and symptoms worth paying attention to
- Understand your blood-pressure numbers
- Know that preeclampsia can happen postpartum
- Prepare questions for your healthcare provider
- Feel more confident speaking up when something doesn't feel right
- Help your partner or support person know what to watch for, too

This isn't about making pregnancy scarier. **It's about making women more informed.**

You are not bothering anyone by asking questions about your health.

If something feels wrong during pregnancy or after delivery, say something. CDC maternal-health guidance encourages pregnant and postpartum women to seek care for urgent warning signs and to tell healthcare professionals that they are pregnant - or were pregnant within the past year.

A NOTE BEFORE WE BEGIN

Mom Stash Co. is an educational resource, not a medical provider.
This guide is for general education and awareness and does not provide medical advice, diagnosis, or treatment. It should not replace care from your OB-GYN, midwife, maternal-fetal medicine specialist, primary-care clinician, or another qualified healthcare professional. If you are experiencing concerning symptoms or believe you may be having a medical emergency, seek medical care immediately.

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; Centers for Disease Control and Prevention (CDC), Hear Her: Urgent Maternal Warning Signs.

PREECLAMPSIA, IN PLAIN ENGLISH

So... what actually is preeclampsia?

You've probably heard preeclampsia described as "high blood pressure during pregnancy." That's part of it—but it doesn't tell the whole story.

Preeclampsia is a serious pregnancy-related disorder involving high blood pressure along with signs that the body isn't functioning normally. It can affect organs throughout the body, including the kidneys, liver, brain, blood and lungs. It usually develops after 20 weeks of pregnancy, but it can also develop after childbirth.

THINK OF IT THIS WAY

Your blood pressure is one of the warning lights on the dashboard.

It's extremely important—but healthcare providers aren't looking at that number alone.

- **Protein in your urine:** This can be a sign that the kidneys are being affected.
- **Changes in your platelets:** Platelets help your blood clot normally.
- **Changes in liver or kidney function:** Blood tests can help show whether these organs are being affected.
- **Fluid in the lungs:** This can make breathing difficult.
- **Neurologic symptoms:** These may include a severe headache that won't go away or changes in vision.
- **Upper abdominal pain:** Pain in the upper abdomen can be one of the symptoms providers evaluate.

BUT WHY DOES IT HAPPEN?

Here's the frustrating part: we still don't completely understand why some women develop preeclampsia and others don't.

There are known factors that can increase risk, which we'll cover later in this guide. Having risk factors doesn't guarantee you'll develop preeclampsia, and the exact reason some women develop it remains unclear.

WHAT ABOUT THE BABY?

The placenta provides your developing baby with oxygen and nutrients. Pregnancy-related high blood pressure can affect blood flow to the placenta. Depending on the severity and timing of preeclampsia, the baby may need additional monitoring and sometimes may need to be delivered earlier than planned.

THE MOM STASH TAKEAWAY

Preeclampsia isn't "just high blood pressure."

It's a serious condition that can affect multiple systems in the body. Because it can sometimes develop without obvious symptoms, prenatal care and blood-pressure checks matter even when you feel fine.

NEXT: KNOW YOUR NUMBERS
Page 3 • Blood Pressure Without the Medical Jargon

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; ACOG Women's Health Dictionary, Preeclampsia.

KNOW YOUR NUMBERS

Blood pressure without the medical jargon

A blood-pressure reading has two numbers, like 120/80. Both matter—and either number can be the reason your healthcare team wants to take a closer look.

WHAT DO THE TWO NUMBERS MEAN?

TOP NUMBER SYSTOLIC	BOTTOM NUMBER DIASTOLIC
Pressure in your arteries when your heart contracts.	Pressure in your arteries when your heart relaxes between beats.

THE NUMBERS TO REMEMBER

READING	WHAT IT MEANS	WHAT TO DO
Less than 120/80	Normal range for adults	Keep up routine prenatal care.
140/90 or higher	High blood pressure in pregnancy	Contact your healthcare provider. A high reading may be rechecked and evaluated.
160/110 or higher	Severe-range blood pressure	Seek immediate medical care.

Important: A single number does not diagnose preeclampsia by itself. Blood pressure is interpreted along with your symptoms, pregnancy history, repeat readings, urine testing, bloodwork, and other findings.

IF YOU'RE CHECKING AT HOME

- Sit quietly for 3–5 minutes first.
- Sit upright with your back supported, feet flat, and legs uncrossed.
- Place the cuff on a bare arm and support the arm at heart level.
- Stay still, breathe normally, and don't talk while the cuff is measuring.
- Write the reading down and share your log with your prenatal or postpartum care team.

THE MOM STASH TAKEAWAY

Know your normal. Know your numbers. Know when to speak up.

High blood pressure often causes no symptoms. That little cuff can give your healthcare team important information about what's happening inside your body.

NEXT: SIGNS & SYMPTOMS
Page 4 • What You Shouldn't Ignore

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; Preeclampsia Foundation, Your Blood Pressure: Check. Know. Share. Medical information is educational and does not replace individualized advice from your healthcare team.

SIGNS & SYMPTOMS

What you shouldn't ignore

Preeclampsia can develop quietly, which means some women have no obvious symptoms. When symptoms do appear, they can overlap with things people may brush off as "just pregnancy." Knowing the warning signs gives you a reason to stop, pay attention, and speak up.

PREECLAMPSIA SYMPTOMS TO KNOW

Headache that won't go away Especially a persistent or severe headache.	**Changes in vision** Seeing spots, blurry vision, flashing lights, or other changes in eyesight.
Swelling of the face or hands Sudden or extreme swelling deserves attention.	**Upper abdominal or shoulder pain** Often described in the upper belly or near the shoulder.
Nausea or vomiting Especially when it develops in the second half of pregnancy.	**Sudden weight gain** Rapid weight gain can occur with fluid retention.
Difficulty breathing Shortness of breath can be a sign of a serious complication.	

Important: You do not need to have every symptom—or any obvious symptoms—for preeclampsia to be present. A high blood-pressure reading may be the first clue.

WHEN SHOULD I GET HELP?

GET MEDICAL CARE RIGHT AWAY

CDC identifies urgent maternal warning signs during pregnancy and in the year after pregnancy. These include a headache that won't go away or gets worse, vision changes, extreme swelling of the hands or face, trouble breathing, chest pain or a fast-beating heart, severe nausea and vomiting, and severe belly pain that doesn't go away.

If you can't reach a healthcare provider, CDC advises going to the emergency room. Tell them that you are pregnant or were pregnant within the last year.

DON'T TALK YOURSELF OUT OF SPEAKING UP

Pregnancy and postpartum come with plenty of normal discomforts. You are not expected to diagnose yourself or decide whether a symptom is "serious enough" on your own. If something feels unusual, severe, persistent, is getting worse, or simply worries you, contact your healthcare team.

THE MOM STASH TAKEAWAY

You know your body. If something doesn't feel right, speak up.

You are not wasting anyone's time by asking to be evaluated.

NEXT: HOW PREECLAMPSIA IS DIAGNOSED
Page 5 • What Your Healthcare Team Is Looking For

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; Centers for Disease Control and Prevention (CDC), Hear Her: Urgent Maternal Warning Signs. This page is educational and does not replace individualized medical care.

HOW PREECLAMPSIA IS DIAGNOSED

What your healthcare team is looking for

There isn't one single test that simply says "yes, you have preeclampsia." Your healthcare team puts several pieces of information together—your blood pressure, symptoms, urine, bloodwork, and how you and your baby are doing.

A high blood-pressure reading may be the first clue. If your reading is high, your healthcare team may repeat it to confirm the result. In pregnancy, persistent blood pressure of 140/90 mm Hg or higher after 20 weeks is part of the diagnostic picture; severe-range blood pressure is 160/110 mm Hg or higher.

WHAT MIGHT THEY CHECK?

BLOOD PRESSURE Repeat readings help determine whether the elevation is persistent and how severe it is.	**URINE PROTEIN** Protein in the urine can show that the kidneys are being affected. Testing may include a protein-to-creatinine ratio or a timed urine collection.
PLATELETS A CBC can show whether your platelet count is low. Platelets help your blood clot.	**KIDNEY FUNCTION** Bloodwork such as creatinine helps your team see how well your kidneys are working.
LIVER FUNCTION Liver-enzyme tests can help identify liver involvement.	**YOUR SYMPTOMS** Headache, vision changes, upper-abdominal pain and breathing difficulty can be important pieces of the picture.

IMPORTANT: PROTEIN ISN'T THE WHOLE STORY

You can have preeclampsia without protein in your urine.

Current diagnostic criteria also consider signs of organ involvement such as low platelets, abnormal kidney or liver function, fluid in the lungs, or certain neurologic symptoms.

WHAT ABOUT THE BABY?

If preeclampsia is suspected or diagnosed, your care team may also monitor your baby's growth and well-being. The exact testing and frequency depend on your gestational age, your condition, your baby's condition, and your healthcare team's recommendations.

QUESTIONS YOU CAN ASK

- What was my blood-pressure reading?
- Are my platelets, kidney function and liver enzymes normal?
- Was protein found in my urine? What test was used?
- Do any of my results meet criteria for preeclampsia or severe features?
- What symptoms or blood-pressure readings mean I should come back immediately?

THE MOM STASH TAKEAWAY

Preeclampsia is a whole-body diagnosis—not just a urine test.

NEXT: IF YOU'RE DIAGNOSED

Page 6 • What Happens Next

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; Preeclampsia Foundation, What Is Preeclampsia and Signs & Symptoms. Educational only; individual testing and diagnosis are determined by your healthcare team.

IF YOU'RE DIAGNOSED

What happens next?

Hearing "you have preeclampsia" can be overwhelming. What happens next depends on how far along you are, whether you have severe features, your blood pressure and test results, and how you and your baby are doing. The goal is to protect your health while delivering the healthiest baby possible.

IF THERE ARE NO SEVERE FEATURES

Your care may happen in the hospital or, for some patients, at home with close outpatient monitoring. That may include frequent appointments, blood-pressure checks, blood and urine testing, monitoring your baby's well-being, and tracking fetal movement. ACOG notes that delivery is generally discussed at 37 weeks for preeclampsia without severe features, or sooner if Mom or baby is not doing well.

IF THERE ARE SEVERE FEATURES

Hospital care is typically needed. Treatment may include medication to lower dangerously high blood pressure and magnesium sulfate to help prevent seizures. If you are at least 34 weeks, delivery may be recommended once your condition is stable. Before 34 weeks, carefully selected stable patients may sometimes be monitored briefly to allow more time for the baby—but if your health or your baby's health worsens, immediate delivery may be needed.

MEDICINES YOU MAY HEAR ABOUT

BLOOD-PRESSURE MEDICATION	MAGNESIUM SULFATE	CORTICOSTEROIDS
Used when needed to control high or severe blood pressure and reduce maternal risk.	Used with preeclampsia with severe features to help prevent seizures. It is not primarily a blood-pressure medicine.	If an early preterm delivery is likely, steroids may be given to help the baby's lungs mature.

WHY DELIVERY COMES UP SO OFTEN

Preeclampsia is a pregnancy-related condition, and delivery is the definitive treatment. But the safest timing isn't identical for everyone. Your healthcare team weighs the risks of continuing the pregnancy against the risks of an earlier birth, using your condition and your baby's condition to guide that decision.

QUESTIONS WORTH ASKING

- Do I have preeclampsia with or without severe features?
- What are you watching most closely right now?
- Am I being admitted, or can I be monitored safely at home?
- Are you recommending magnesium sulfate or blood-pressure medication? Why?
- What would make you recommend delivery today?
- If we are waiting, what would make the plan change?

THE MOM STASH TAKEAWAY

A diagnosis can change the plan quickly—and that doesn't mean you have to understand everything instantly.

Ask what's happening, why it's happening, and what your team is watching for next.

NEXT: HELLP & ECLAMPSIA
Page 7 • The Serious Complications You Should Know About

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; ACOG, 7 Things to Know About Preeclampsia. Educational only; management and timing of delivery are individualized by the treating healthcare team.

HELLP & ECLAMPSIA

The serious complications you should know about

Most people with preeclampsia will not develop these complications. But HELLP syndrome and eclampsia are emergencies, and knowing the words before you're in a crisis can make medical conversations easier to understand.

WHAT IS HELLP SYNDROME?

HELLP is a severe form or complication of preeclampsia that affects the blood and liver. It can develop during pregnancy or postpartum and may worsen quickly.

H	EL	LP
HEMOLYSIS	**ELEVATED LIVER ENZYMES**	**LOW PLATELETS**
Red blood cells are damaged or destroyed.	A sign that the liver is being affected.	Fewer platelets can interfere with normal blood clotting.

Symptoms can include upper-right or upper abdominal pain, nausea or vomiting, headache, and feeling very unwell. HELLP can sometimes have an atypical presentation, so diagnosis relies on medical evaluation and blood tests—not symptoms alone.

WHAT IS ECLAMPSIA?

Eclampsia is the occurrence of seizures in a person with a hypertensive disorder such as preeclampsia when another cause of the seizure is not identified. It is a life-threatening emergency. Preeclampsia can lead to seizures and stroke, which is why severe disease is monitored and treated urgently.

IMPORTANT: THERE MAY NOT BE A PERFECT WARNING SEQUENCE

Preeclampsia does not always move neatly from "mild" to "severe" to eclampsia. Some cases can worsen rapidly, and seizures can sometimes occur without the warning signs people expect. That is one reason new or worsening symptoms deserve prompt attention.

SIGNS THAT NEED URGENT ATTENTION

- Severe or persistent headache
- Vision changes
- Severe upper-abdominal or right-upper-quadrant pain
- Difficulty breathing
- Seizure, loss of consciousness, or severe confusion
- Any sudden, severe, or rapidly worsening symptom during pregnancy or postpartum

A seizure is an emergency. Call emergency services. For other urgent maternal warning signs, seek immediate medical care and tell the healthcare team that you are pregnant or recently gave birth.

WHY MAGNESIUM SULFATE MATTERS

If preeclampsia has severe features, magnesium sulfate may be given in the hospital to help prevent seizures. It is used for seizure prevention; it is not primarily a medication for lowering blood pressure.

THE MOM STASH TAKEAWAY

You don't need to memorize every complication. You need to know that worsening symptoms deserve attention.

NEXT: POSTPARTUM PREECLAMPSIA
Page 8 • Delivery Doesn't End the Conversation

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; ACOG, 7 Things to Know About Preeclampsia; Preeclampsia Foundation, Signs & Symptoms. Educational only and not a substitute for emergency or individualized medical care.

POSTPARTUM PREECLAMPSIA

Delivery doesn't end the conversation

After birth, the focus shifts quickly to the baby—but your body is still recovering from pregnancy. Preeclampsia can begin after delivery, including in women whose blood pressure was normal during pregnancy.

YES—PREECLAMPSIA CAN START AFTER THE BABY IS BORN.

ACOG notes that postpartum preeclampsia most often occurs within a few days after delivery, but it can develop up to 6 weeks postpartum.

POSTPARTUM SIGNS TO WATCH FOR

HEADACHE A headache that won't go away or gets worse.	**VISION CHANGES** Blurry vision, seeing spots, light sensitivity, or other changes.
HIGH BLOOD PRESSURE A postpartum reading of 140/90 mm Hg or higher warrants a call to your clinician right away.	**TROUBLE BREATHING** New or worsening shortness of breath needs prompt attention.
FACE OR HAND SWELLING Especially sudden or extreme swelling.	**UPPER BELLY / SHOULDER PAIN** Often on the upper-right side.
NAUSEA OR VOMITING Especially when it feels severe or unusual.	**SUDDEN WEIGHT GAIN** Rapid gain can occur with fluid retention.

DON'T ASSUME IT'S JUST POSTPARTUM RECOVERY

Sleep deprivation, soreness, swelling, headaches and feeling overwhelmed can all happen after birth. That overlap is exactly why you should not have to decide on your own whether a symptom is "normal." If something is severe, persistent, worsening, unusual for you, or simply worries you, contact a healthcare professional.

GET MEDICAL CARE IMMEDIATELY FOR URGENT MATERNAL WARNING SIGNS

CDC advises seeking immediate medical care for urgent warning signs during pregnancy and in the year after delivery. If you cannot reach your provider, go to the emergency room. Tell the healthcare team: "I gave birth recently."

A NOTE FOR YOUR SUPPORT PERSON

Partners, family and friends matter here. Listen when she says something doesn't feel right. Help her contact a healthcare professional, go with her if possible, help ask questions, and support follow-up care. The newborn may be the newest patient in the family—but Mom still needs watching, too.

THE MOM STASH TAKEAWAY

The baby has been delivered. Your need for care has not.

Keep your postpartum appointments. Know the warning signs. Keep speaking up.

NEXT: WHO'S AT HIGHER RISK?
Page 9 • Risk Factors Without the Blame

Sources: American College of Obstetricians and Gynecologists (ACOG), 3 Conditions to Watch for After Childbirth and 7 Things to Know About Preeclampsia; Centers for Disease Control and Prevention (CDC), Hear Her: Pregnant and Postpartum Women and Urgent Maternal Warning Signs. Educational only and not a substitute for emergency or individualized medical care.

WHO'S AT HIGHER RISK?

Risk factors without the blame

Anyone can develop preeclampsia. Risk factors help healthcare teams identify who may benefit from closer monitoring or preventive treatment—but they are not a prediction, and they are not a list of things a woman did "wrong."

HIGHER-RISK FACTORS

Current ACOG and USPSTF guidance identifies several medical and pregnancy-history factors associated with a higher risk of preeclampsia:

• History of preeclampsia, especially when it was accompanied by an adverse outcome	• Pregnancy with more than one baby (multifetal gestation)
• Chronic high blood pressure	• Type 1 or type 2 diabetes that existed before pregnancy
• Kidney disease	• Certain autoimmune diseases, including lupus or antiphospholipid syndrome

MODERATE-RISK FACTORS

- First pregnancy
- Prepregnancy BMI over 30
- Mother or sister with a history of preeclampsia
- Age 35 or older
- More than 10 years since a previous pregnancy
- Previous pregnancy complications, such as a low-birth-weight or small-for-gestational-age baby
- In vitro fertilization (IVF)
- Black race, because racism and health inequities—not biology—raise risk
- Lower income, because social and health inequities can affect risk and access to care

A REALLY IMPORTANT NOTE ABOUT RACE

Black women are not biologically destined to develop preeclampsia.

ACOG and USPSTF explicitly describe the increased risk associated with Black race as reflecting racism, unequal access to care, and broader social and historical inequities.

WHAT IF I HAVE A RISK FACTOR?

Tell your prenatal care team about your medical history, previous pregnancies, and family history. Depending on your risk profile, your clinician may recommend closer blood-pressure monitoring and may discuss low-dose aspirin as a preventive medication.

Do not start aspirin on your own. Whether it is appropriate, when to start it, and what dose to use should be decided with your pregnancy healthcare professional. We'll cover aspirin and prevention in the next section.

THE MOM STASH TAKEAWAY

Risk is information—not blame.

Knowing your risk factors gives you and your healthcare team more information to work with. It does not mean preeclampsia is inevitable.

NEXT: CAN PREECLAMPSIA BE PREVENTED?
Page 10 • Low-Dose Aspirin & Prevention

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; U.S. Preventive Services Task Force (USPSTF), Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality. Educational only; individual risk assessment and prevention decisions belong with your healthcare team.

CAN PREECLAMPSIA BE PREVENTED?

Low-dose aspirin & prevention

There is no guaranteed way to prevent every case of preeclampsia. But for some pregnant people at increased risk, low-dose aspirin can reduce the chance of developing preeclampsia and related complications.

WHAT THE CURRENT GUIDANCE SAYS

81 mg of low-dose aspirin may be recommended for people at increased risk.

USPSTF recommends 81 mg/day after 12 weeks of pregnancy for people at high risk for preeclampsia. ACOG and SMFM recommend starting between 12 and 28 weeks—ideally before 16 weeks—when low-dose aspirin is indicated, and continuing daily until delivery.

WHO MIGHT BE OFFERED ASPIRIN?

• History of preeclampsia, especially with an adverse outcome	• Pregnancy with more than one baby
• Chronic high blood pressure	• Type 1 or type 2 diabetes
• Kidney disease	• Certain autoimmune diseases

Some people with more than one moderate-risk factor may also be advised to take low-dose aspirin. That decision should be made with your pregnancy healthcare professional based on your full history.

WHAT ASPIRIN CAN—AND CAN'T—DO

WHAT IT CAN DO	WHAT IT CAN'T DO
Lower the risk of preeclampsia and some related pregnancy complications in people for whom it is recommended.	Guarantee that preeclampsia won't happen, replace prenatal monitoring, or treat preeclampsia once it has developed.

PLEASE DON'T SELF-START IT

Aspirin is still a medication. Even though low-dose aspirin is available over the counter, pregnancy is not the time to decide on your own that you "probably need it." Talk with your OB-GYN, midwife, maternal-fetal medicine specialist, or other pregnancy clinician about whether it is appropriate for you, when to start, how long to continue, and any reasons you should not take it.

WHAT ELSE CAN I DO?

Keep prenatal appointments, know your blood-pressure numbers, share your full medical and pregnancy history, and report concerning symptoms promptly. Healthy habits matter for overall pregnancy health, but preeclampsia is not something you can reliably prevent by eating perfectly, exercising enough, or "doing pregnancy right."

THE MOM STASH TAKEAWAY

Prevention is about reducing risk—not earning a perfect pregnancy.

If aspirin might help you, that is a conversation to have with your healthcare team—not a decision you need to make alone.

NEXT: AFTER PREECLAMPSIA
Page 11 • Your Health After Pregnancy

Sources: U.S. Preventive Services Task Force (USPSTF), Aspirin Use to Prevent Preeclampsia and Related Morbidity and Mortality; American College of Obstetricians and Gynecologists (ACOG), Low-Dose Aspirin Use for the Prevention of Preeclampsia and Related Morbidity and Mortality. Educational only; medication decisions should be made with your healthcare professional.

AFTER PREECLAMPSIA

Your health after pregnancy

Getting through pregnancy and delivery can make preeclampsia feel like something that is finally behind you. The immediate danger may pass—but your history of preeclampsia is still important health information for the years ahead.

PREECLAMPSIA BECOMES PART OF YOUR MEDICAL HISTORY

Tell your primary-care clinician: "I had preeclampsia during pregnancy."

ACOG recommends keeping this information in your health history because preeclampsia is associated with a higher risk of health problems later in life.

WHAT RISKS ARE HIGHER LATER?

HIGH BLOOD PRESSURE Preeclampsia is associated with a greater chance of developing chronic hypertension later.	**HEART DISEASE & HEART ATTACK** A history of preeclampsia is an important cardiovascular risk factor.
STROKE Long-term stroke risk is higher after a pregnancy affected by preeclampsia.	**KIDNEY DISEASE** ACOG also identifies an increased risk of kidney disease later in life.
FUTURE PREGNANCIES Having preeclampsia once increases the chance of developing it again in another pregnancy.	

HIGHER RISK DOES NOT MEAN A DIAGNOSIS IS WAITING FOR YOU

These are increased risks across groups of people who have had preeclampsia. They do not mean that every person who had preeclampsia will develop heart disease, kidney disease, stroke, or chronic hypertension. The reason to know about the connection is so you and your healthcare team can pay attention to the risk factors you can monitor and manage.

BUILD YOUR LONG-TERM CARE TEAM

- Keep regular primary-care visits and make sure your pregnancy history is in your medical record.
- Ask how often your blood pressure and cardiovascular risk factors should be checked based on your personal history.
- If your blood pressure remains high, your preeclampsia was early or severe, or you have other heart-risk factors, ask whether a cardiology referral makes sense for you.
- Before another pregnancy, tell your pregnancy clinician about your prior preeclampsia so you can discuss recurrence risk and a prevention plan early.

QUESTIONS FOR YOUR NEXT CHECKUP

- Is my blood pressure back in a healthy range?
- Does my history of preeclampsia change how you want to monitor my heart or kidney health?
- Are there cardiovascular risk factors I should be screened for?
- Should I see a cardiologist or another specialist?
- What should I know before a future pregnancy?

THE MOM STASH TAKEAWAY

Your preeclampsia story belongs in your health history—not just your birth story.

Knowing about the long-term connection gives you information you can carry forward with your healthcare team.

NEXT: HOW TO ADVOCATE FOR YOURSELF
Page 12 • When Something Doesn't Feel Right

Sources: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; ACOG, 7 Things to Know About Preeclampsia; ACOG, Heart Health for Women. Educational only; your clinician can individualize long-term follow-up based on your health history.

HOW TO ADVOCATE FOR YOURSELF

When something doesn't feel right

You do not need the perfect medical vocabulary to raise a concern. You only need to explain what is happening, how it feels, how long it has been happening, and why it worries you. CDC's Hear Her campaign specifically encourages pregnant and postpartum women to speak up about anything that feels unusual or concerning.

START WITH THE FACTS

Try: "I am pregnant / I gave birth on _____. I have been having _____. It feels like _____. It started _____ ago, and it is getting _____."

Add anything measurable: your blood-pressure readings, temperature, swelling, vomiting, vision changes, medication you've taken, or whether the symptom is worsening.

QUESTIONS THAT MOVE THE CONVERSATION FORWARD

What could these symptoms mean? Ask what possibilities your clinician is considering.	**Is there a test that can rule out something serious?** This can help clarify what evaluation may be appropriate.
Could this be related to preeclampsia or another pregnancy complication? Naming your concern can make sure it is discussed directly.	**What should make me go to the emergency room?** Leave knowing exactly what changes should trigger urgent care.
What is the follow-up plan? Ask who to call, when to be rechecked, and what happens if you aren't improving.	

IF YOU FEEL LIKE YOU'RE NOT BEING HEARD

Stay specific and repeat the concern. Ask the clinician to explain what they think is causing your symptoms and why they believe it is safe for you to go home or continue monitoring. If you still feel seriously unwell or worried, seek another medical evaluation. CDC advises immediate care for urgent maternal warning signs.

WORDS TO KEEP IN YOUR BACK POCKET

"I understand that this may turn out to be okay, but this is unusual for me and I am concerned. What serious causes have been considered?"

BRING BACKUP WHEN YOU CAN

CDC suggests bringing a friend or family member for support when possible. They can take notes, remember details, help ask questions, and speak up if you are tired, sick, overwhelmed, or having trouble explaining what is happening.

BEFORE YOU LEAVE

- Ask what your test results and blood-pressure readings were.
- Make sure you understand what the clinician thinks is happening.
- Ask what symptoms or numbers mean you should return immediately.
- Know who to contact if symptoms continue or worsen.
- Take notes—or ask your support person to.

THE MOM STASH TAKEAWAY

Speaking up isn't being difficult. Asking questions isn't overreacting.

Your job isn't to diagnose yourself. Your job is to communicate what your body is telling you and keep seeking care when something feels seriously wrong.

NEXT: FOR THE PERSON WHO LOVES HER
Page 13 • A Guide for Partners, Family & Friends

Sources: Centers for Disease Control and Prevention (CDC), Hear Her: Pregnant and Postpartum Women; Conversation Guide for Pregnant or Recently Pregnant Women; Urgent Maternal Warning Signs. Educational only and not a substitute for emergency or individualized medical care.

FOR THE PERSON WHO LOVES HER

A guide for partners, family & friends

You don't need medical training to make a difference. One of the most important things you can do for a pregnant or postpartum woman is simple: listen when she says something doesn't feel right—and help her get the care she needs.

BELIEVE HER FIRST.

You do not need to decide whether she is "overreacting." CDC recommends listening to her concerns, encouraging medical care, and helping her get answers.

WHAT SUPPORT ACTUALLY LOOKS LIKE

LISTEN Let her finish explaining what she feels before trying to explain it away.	**HELP HER GET CARE** Offer to call the provider, drive her, go with her, or help arrange childcare or transportation.
HELP HER COMMUNICATE Remind the healthcare team that she is pregnant or gave birth within the past year. Help describe when symptoms began and whether they're worsening.	**TAKE NOTES** Write down blood-pressure readings, symptoms, medications, test results, instructions, and follow-up plans.
ASK QUESTIONS If she is overwhelmed, help ask: What could this mean? What are you ruling out? When should we return or go to the ER?	**FOLLOW THROUGH** Support follow-up appointments and help her carry out the care plan once you're home.

KNOW THE URGENT WARNING SIGNS

CDC says urgent maternal warning signs can occur during pregnancy and in the year after pregnancy. Examples include a headache that won't go away or gets worse, vision changes, trouble breathing, chest pain or a fast-beating heart, severe belly pain, severe nausea and vomiting, extreme swelling of the hands or face, heavy vaginal bleeding or fluid leaking after pregnancy, and thoughts of harming herself or her baby.

IF SHE HAS AN URGENT MATERNAL WARNING SIGN

Help her get medical care immediately. If you cannot reach her healthcare provider, go to the emergency room. Make sure the healthcare team knows she is pregnant or was pregnant within the last year.

THINGS NOT TO SAY

"That's probably normal." Try: "Let's call and make sure."	**"You're just tired."** Try: "Tell me what's feeling different."

YOUR ROLE IN THE ROOM

If she asks you to advocate with her, stay calm and specific. Repeat the concern, share what you have observed, and help make sure her questions are answered. Your job isn't to fight the healthcare team—it is to help keep her voice in the conversation.

THE MOM STASH TAKEAWAY

Be the person who hears her—and helps make sure someone else does, too.

NEXT: YOUR BLOOD-PRESSURE & SYMPTOM TRACKER
Page 14 • A Printable Page to Keep With You

Sources: Centers for Disease Control and Prevention (CDC), Hear Her: Providing Support for Pregnant or Postpartum Women; Pregnant and Postpartum Women; Conversation Guide for Partners, Friends, and Families. Educational only and not a substitute for emergency or individualized medical care.

BLOOD-PRESSURE & SYMPTOM TRACKER

A printable page to keep with you

Use this page to record your readings and symptoms so you can share clear information with your healthcare team. **This tracker does not diagnose preeclampsia or replace medical care.**

NAME	DUE DATE / DELIVERY DATE	PROVIDER
PROVIDER PHONE	**MY CALL-NOW BP NUMBER***	**MY EMERGENCY PLAN***

***Fill these in with your own healthcare team.** Severe-range blood pressure (160/110 mm Hg or higher) and urgent maternal warning signs require prompt medical attention.

MY DAILY LOG

DATE / TIME	BP	HEADACHE	VISION	SWELLING	UPPER BELLY PAIN	BREATHING	NOTES / OTHER
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	
		☐	☐	☐	☐	☐	

WHAT TO WRITE IN "NOTES / OTHER"

Nausea/vomiting • chest pain or fast heartbeat • sudden weight change • feeling unusually unwell • medication taken	What the symptom felt like • when it started • whether it got better/worse • what your provider told you

THIS LOG IS NOT A REASON TO WAIT.

If you have an urgent maternal warning sign, feel severely unwell, or have a severe-range blood-pressure reading, seek prompt medical care. If you cannot reach your provider, go to the emergency room and tell them you are pregnant or were pregnant within the past year.

THE MOM STASH TAKEAWAY

Track the information. Trust the warning signs. Share the whole picture.

NEXT: QUESTIONS FOR YOUR HEALTHCARE PROVIDER
Page 15 • A Visit Prep Sheet

Sources: CDC Hear Her; ACOG, Preeclampsia and High Blood Pressure During Pregnancy. This tracker is educational and does not replace individualized medical care or emergency evaluation.

QUESTIONS FOR YOUR HEALTHCARE PROVIDER

A visit prep sheet

Appointments can move fast—especially when you're worried. Use this page to jot down what you want to ask, record the answers, and leave knowing what happens next.

DATE	PROVIDER	BP TODAY

QUESTIONS ABOUT MY RISK
QUESTIONS IF I HAVE SYMPTOMS OR ABNORMAL RESULTS
QUESTIONS IF I'VE BEEN DIAGNOSED
QUESTIONS AFTER DELIVERY

☐ Do I have risk factors for preeclampsia?	Notes:
☐ Based on my history, should I be taking low-dose aspirin? If yes, when should I start and stop?	Notes:
☐ What blood-pressure numbers do you want me to call about?	Notes:
☐ Should I monitor my blood pressure at home? How often?	Notes:
☐ Could my symptoms be related to preeclampsia or another pregnancy complication?	Notes:
☐ What were my urine protein, platelet, kidney, and liver results?	Notes:
☐ Do I meet criteria for preeclampsia? Do I have any severe features?	Notes:
☐ What symptoms mean I should go directly to labor & delivery or the emergency room?	Notes:
☐ What are you watching most closely right now?	Notes:
☐ Will I be monitored at home or in the hospital?	Notes:
☐ Do I need blood-pressure medication, magnesium sulfate, or corticosteroids? Why?	Notes:
☐ What would make you recommend delivery, and what is the current plan?	Notes:
☐ When should my blood pressure be checked again?	Notes:
☐ What postpartum symptoms should make me seek immediate care?	Notes:
☐ How long should I continue any blood-pressure medication?	Notes:
☐ How does this history affect my long-term health and future pregnancies?	Notes:

BEFORE I LEAVE, I KNOW...

☐ What my blood-pressure reading was
☐ What my clinician thinks is happening
☐ What I should monitor at home
☐ Who to call with questions
☐ Exactly when I should seek urgent or emergency care

NEXT: TRUSTED RESOURCES

Page 16 • Where to Learn More

Sources: CDC Hear Her conversation guidance; ACOG, Preeclampsia and High Blood Pressure During Pregnancy; USPSTF, Low-Dose Aspirin Use for the Prevention of Preeclampsia. This worksheet is educational and does not replace individualized medical care.

TRUSTED RESOURCES

Where to learn more

The internet can be overwhelming when you're worried about pregnancy or postpartum symptoms. These are reputable places to start for evidence-based information, warning signs, patient education, and tools you can bring into conversations with your healthcare team.

ACOG — American College of Obstetricians and Gynecologists
Patient-friendly information on preeclampsia, blood pressure, diagnosis, treatment, prevention, postpartum concerns, and long-term health.
ACOG: Preeclampsia & High Blood Pressure During Pregnancy

CDC — Hear Her Campaign
Urgent maternal warning signs plus conversation guides for pregnant and postpartum women and the people who support them.
CDC Hear Her

Preeclampsia Foundation
Preeclampsia-specific education, signs and symptoms, patient stories, support, advocacy, research updates, and practical resources for families.
Preeclampsia Foundation

SMFM — Society for Maternal-Fetal Medicine
Specialist guidance and patient-safety resources, including current work on preeclampsia risk-factor screening, low-dose aspirin, and transition to primary care.
SMFM Patient Safety Resources

SAVE THESE ON YOUR PHONE

- ☐ Your OB-GYN / midwife / maternity unit phone number
- ☐ The hospital or labor & delivery unit you would use
- ☐ Your current medication list and allergies
- ☐ Your recent blood-pressure readings
- ☐ A photo or copy of your discharge paperwork if you recently delivered

WHEN A WEBSITE ISN'T ENOUGH

Education is for understanding—not for talking yourself out of care.

If you have an urgent maternal warning sign, severe or worsening symptoms, or feel that something is seriously wrong, contact a healthcare professional or seek emergency medical care. Tell them that you are pregnant or were pregnant within the past year.

A NOTE ABOUT SOCIAL MEDIA

Personal stories can make you feel less alone, and lived experience matters. But another person's symptoms, blood-pressure numbers, diagnosis, or treatment plan cannot tell you what is safe for your body. Use community for support—and qualified healthcare professionals for medical decisions.

THE MOM STASH TAKEAWAY

Learn enough to recognize the signs. Keep trusted resources close. And when your body is asking for help—use them to help you speak up.

NEXT: PREECLAMPSIA MYTHS
Page 17 • What We Need to Stop Telling Women

Sources reviewed: ACOG; CDC Hear Her; Preeclampsia Foundation; Society for Maternal-Fetal Medicine (SMFM). Resources and guidance may be updated over time. This guide is educational and does not replace individualized medical care.

PREECLAMPSIA MYTHS

What we need to stop telling women

Preeclampsia comes with a lot of outdated advice and assumptions. Some of them can make women blame themselves—or dismiss symptoms that deserve attention. Here are a few worth retiring.

MYTH **"If you felt fine, you couldn't have preeclampsia."**
FACT Preeclampsia can develop quietly. High blood pressure may be the first clue, and some women have few or no obvious symptoms.

MYTH **"Protein in your urine is required."**
FACT Not always. Preeclampsia can be diagnosed without proteinuria when high blood pressure is accompanied by qualifying signs of organ involvement.

MYTH **"Once the baby is born, you're cured."**
FACT Delivery is an important treatment, but risk does not disappear instantly. Preeclampsia can first develop after birth, including after normal blood pressure during pregnancy.

MYTH **"You caused it by eating badly, gaining weight, or not exercising enough."**
FACT No. The exact cause of preeclampsia is not fully understood. Risk factors exist, but having preeclampsia is not proof that a woman did pregnancy "wrong."

MYTH **"Bed rest will prevent it."**
FACT Routine bed rest is not recommended to prevent preeclampsia. ACOG notes there is no evidence that bed rest reduces preeclampsia risk, and prolonged inactivity can carry risks of its own.

MYTH **"If your blood pressure isn't 160/110, there's nothing to worry about."**
FACT 160/110 mm Hg is severe-range blood pressure—not the starting point for concern. Persistent blood pressure of 140/90 mm Hg or higher is part of the diagnostic picture and deserves medical evaluation.

ONE MORE MYTH: "I'M PROBABLY JUST OVERREACTING."

You do not need to prove that something is wrong before asking to be checked.

Symptoms such as a persistent headache, vision changes, upper-abdominal pain, sudden swelling, nausea/vomiting later in pregnancy, or trouble breathing deserve attention. If something feels severe, persistent, worsening, or unusual, contact your healthcare team.

THE MOM STASH TAKEAWAY

Preeclampsia is a medical condition—not a character flaw, a failure, or proof that you didn't take good enough care of yourself.

NEXT: WHAT WE KNOW ABOUT WHY IT HAPPENS
Page 18 • The Placenta, Blood Vessels & Current Research

Sources reviewed: American College of Obstetricians and Gynecologists (ACOG), Preeclampsia and High Blood Pressure During Pregnancy; ACOG, Will I Need Bed Rest Near the End of Pregnancy?; Preeclampsia Foundation, Postpartum Preeclampsia. Educational only and not a substitute for individualized medical care.

WHY DOES PREECLAMPSIA HAPPEN?

The placenta, blood vessels & what researchers are learning

We still do not have one simple answer for why one woman develops preeclampsia and another does not. Current research points to a complicated interaction between the placenta, the mother's blood vessels and immune system, genetics, inflammation, and other maternal and pregnancy factors.

THE SIMPLE VERSION

1	2	3
THE PLACENTA DEVELOPS	**THE SYSTEM BECOMES STRESSED**	**MOM'S BLOOD VESSELS ARE AFFECTED**
Early in pregnancy, placental cells normally help remodel uterine spiral arteries so large amounts of blood can reach the placenta.	In many preeclamptic pregnancies, placental development and blood-vessel remodeling are abnormal or the placenta becomes stressed.	The stressed placenta can release signals into the mother's bloodstream that disrupt normal blood-vessel function throughout her body.

WHY BLOOD VESSELS MATTER

The inner lining of blood vessels is called the endothelium. In preeclampsia, widespread endothelial dysfunction helps explain why the condition can affect so many organs at once. Blood pressure can rise, the kidneys may leak protein, liver function and platelets can change, fluid can collect in the lungs, and the brain can be affected.

THE SFLT-1 / PLGF STORY

PlGF & VEGF	sFlt-1
These are pro-angiogenic signals—they support healthy blood-vessel growth and function.	This anti-angiogenic protein binds VEGF and PlGF. In preeclampsia, excess placental sFlt-1 can reduce their availability and contribute to maternal endothelial dysfunction.

Why researchers care: angiogenic imbalance can appear before the classic clinical symptoms. Researchers are studying these pathways both as biomarkers and as possible targets for future treatments.

BUT THE PLACENTA ISN'T THE WHOLE EXPLANATION

Preeclampsia is not one identical disease pathway in every pregnancy. Researchers are also studying immune dysregulation, inflammation, oxidative and cellular stress, genetics and epigenetics, maternal cardiovascular and kidney health, and differences between early- and late-onset disease. These factors may help explain why preeclampsia looks so different from one woman to another.

WHAT SCIENCE DOES NOT SUPPORT

The idea that a woman simply caused preeclampsia by being stressed, eating the wrong foods, gaining too much weight, or failing to "take care of herself."

WHERE RESEARCH IS GOING

Recent work continues to investigate placental angiogenesis, immune pathways, complement activation, cellular aging and stress, and biomarkers such as sFlt-1 and PlGF. The goal is bigger than understanding the disease: researchers want better prediction, earlier diagnosis, more precise treatment, and eventually therapies that could safely prolong some pregnancies without putting the mother at risk.

THE MOM STASH TAKEAWAY

The placenta is central to the story—but preeclampsia is complex. We know far more than we used to, and researchers are still uncovering why it begins, why it becomes severe, and how to stop it sooner.

NEXT: PREECLAMPSIA & FUTURE PREGNANCIES
Page 19 • What to Know Before Trying Again

Sources reviewed: Peer-reviewed reviews indexed by PubMed on preeclampsia pathophysiology, placental angiogenesis, sFlt-1/PlGF, immune dysregulation and complement activation. This page reflects current scientific understanding; mechanisms remain an active area of research. Educational only.

PREECLAMPSIA & FUTURE PREGNANCIES

What to know before trying again

After preeclampsia, thinking about another pregnancy can bring hope, fear, or both. Having had preeclampsia does increase your risk in a future pregnancy—but recurrence is not guaranteed. Your individual risk depends on your previous pregnancy, your current health, and other risk factors.

START BEFORE THE POSITIVE PREGNANCY TEST

Ask for a preconception visit.

Your OB-GYN—and, when appropriate, a maternal-fetal medicine specialist—can review what happened last time, your blood pressure and medical history, medications, and how a future pregnancy could be monitored.

QUESTIONS TO REVIEW TOGETHER

HOW EARLY / SEVERE WAS IT? Earlier-onset or more complicated disease can change how your clinician thinks about recurrence risk and monitoring.	**IS MY BLOOD PRESSURE NORMAL NOW?** Persistent hypertension matters before and during another pregnancy.
DO I HAVE OTHER RISK FACTORS? Kidney disease, diabetes, autoimmune disease, chronic hypertension and other factors can affect risk.	**DO MY MEDICATIONS NEED REVIEW?** Some medicines may need to be changed before pregnancy. Do not stop prescribed medication without medical guidance.

LOW-DOSE ASPIRIN MAY BE PART OF THE PLAN

A history of preeclampsia—especially when it was accompanied by an adverse outcome—is a high-risk factor in current ACOG/SMFM guidance. When low-dose aspirin is indicated, ACOG and SMFM recommend 81 mg daily, started between 12 and 28 weeks of pregnancy, optimally before 16 weeks, and continued until delivery.

Do not start it on your own. Your clinician should decide whether aspirin is appropriate for you and when you should begin.

YOUR NEXT PREGNANCY MAY BE WATCHED MORE CLOSELY

BLOOD PRESSURE	LABS & SYMPTOMS	BABY'S GROWTH
Expect careful blood-pressure monitoring and a clear plan for what readings should trigger a call.	Your team may use symptoms, urine testing and bloodwork when clinically indicated.	Depending on your history and current pregnancy, additional fetal-growth or well-being surveillance may be recommended.

THERE IS NO ONE "RIGHT" DECISION

Some women feel ready to try again. Some need more time. Some decide another pregnancy is not the right choice for them. A preconception consultation can give you medical information, but the final decision also belongs to you and your family. Fear after a complicated pregnancy is understandable, and asking detailed questions is part of making an informed decision.

BRING THESE QUESTIONS TO YOUR PRECONCEPTION VISIT

- ☐ What do you estimate my personal recurrence risk to be—and why?
- ☐ Is there anything from my last pregnancy you want to review or test before I conceive?
- ☐ Would you recommend maternal-fetal medicine involvement?
- ☐ Would you recommend low-dose aspirin in my next pregnancy?
- ☐ How would monitoring be different next time?

THE MOM STASH TAKEAWAY

A history of preeclampsia changes the conversation about your next pregnancy. It does not write the ending.

NEXT: YOUR PREECLAMPSIA STORY
Page 20 • A Page to Record What Happened

Sources reviewed: American College of Obstetricians and Gynecologists (ACOG) and Society for Maternal-Fetal Medicine (SMFM), Low-Dose Aspirin Use for the Prevention of Preeclampsia and Related Morbidity and Mortality; ACOG patient guidance on preeclampsia and high blood pressure during pregnancy. Educational only; recurrence risk and future-pregnancy planning should be individualized.

YOUR PREECLAMPSIA STORY

A page to record what happened

The details of a complicated pregnancy can blur together. Use this page to create a simple record you can keep, bring to future appointments, and share with future healthcare professionals. ACOG recommends keeping a history of preeclampsia in your health record because it can matter for future pregnancies and long-term health.

THE BASICS

PREGNANCY / BABY	DUE DATE	DELIVERY DATE
GESTATIONAL AGE	**DELIVERY TYPE**	**HOSPITAL**

MY DIAGNOSIS

☐ Gestational hypertension
☐ Preeclampsia without severe features
☐ Preeclampsia with severe features
☐ HELLP syndrome
☐ Eclampsia
☐ Postpartum preeclampsia
☐ Other:

WHAT HAPPENED?

When did my blood pressure first become concerning?	**Highest blood pressure I remember / recorded**
Symptoms I had	**Important lab or urine results**
Was I admitted or readmitted? ☐ No ☐ Yes — when?	**Was delivery recommended because of preeclampsia?** ☐ No ☐ Yes ☐ Unsure

TREATMENT I RECEIVED

☐ Blood-pressure medication
Name(s):
☐ Magnesium sulfate
☐ Corticosteroids before delivery
☐ Extra fetal monitoring / growth scans
☐ ICU or higher-level care
☐ Other:

AFTER DELIVERY

Did my blood pressure stay high? ☐ No ☐ Yes ☐ Unsure	**Did I go home on BP medication?** ☐ No ☐ Yes:
When did my BP return to my usual range?	**My follow-up / specialist care**

WHAT I WANT FUTURE HEALTHCARE PROVIDERS TO KNOW

QUESTIONS I STILL HAVE

☐ What was my exact diagnosis? ☐ Did I have severe features? ☐ What is my recurrence risk?
☐ Do I need long-term BP / heart follow-up? ☐ What should happen before another pregnancy?
Other:

KEEP THIS PAGE.

Ask for copies of your discharge summary, delivery record, important lab results, and medication list if you want a more complete personal record.

THE MOM STASH TAKEAWAY

What happened to you matters. Write it down so you never have to rebuild the whole story from memory.

NEXT: YOU MADE IT THROUGH
Page 21 • A Closing Note From Mom Stash Co.

Source reviewed: American College of Obstetricians and Gynecologists (ACOG), patient guidance on preeclampsia and obstetric patient-record resources. This worksheet is for personal recordkeeping and education; it does not replace your official medical record or individualized medical care.

YOU MADE IT THROUGH

A closing note from Mom Stash Co.

If preeclampsia became part of your story, you may have walked away from pregnancy or birth carrying more than a baby.

Maybe you are still trying to understand what happened. Maybe the details are blurry. Maybe everyone around you moved on while part of you was still catching up.

Whatever your experience looked like, it deserves to be taken seriously.

This guide was made for the woman who wants answers.

- The woman who wants to understand the blood-pressure numbers, the symptoms, the labs, the medications, and the words she heard in a hospital room.
- The woman who wonders whether she should have known sooner.
- The woman preparing for another pregnancy.
- The woman who wants the people she loves to understand why speaking up matters.
- And the woman who simply needs someone to say: what happened to you matters.

YOU ARE ALLOWED TO KEEP ASKING QUESTIONS.
You are allowed to keep your records. You are allowed to tell future healthcare professionals that you had preeclampsia. You are allowed to ask what it means for your blood pressure, your heart health, your future pregnancies, and the care you receive going forward.

And please remember this:

You did not need to be sicker.
You did not need to be quieter.
You did not need to understand the medicine before asking for help.

Preeclampsia is serious, and its importance does not end at delivery. ACOG notes that it can occur after childbirth and that a history of preeclampsia is associated with higher risks of high blood pressure, heart attack, stroke, and kidney disease later in life. Keep that history with you—and keep a healthcare team that knows it, too.

FROM MOM STASH CO.

Know the signs. Know your numbers. Trust what your body is telling you. And help the next woman know them, too.

With love,
Mom Stash Co.

PREECLAMPSIA AWARENESS • WOMEN'S HEALTH • ADVOCACY

Medical note: This guide is educational and is not a substitute for individualized medical care. If you are pregnant or postpartum and have severe, worsening, or concerning symptoms, contact a healthcare professional or seek urgent medical care.