Although magnesium sulphate is affordable and effective, it is not available in all low and middle income countries.¹⁸ Governments and international agencies should ensure that barriers to its use are removed.

Treatment of postpartum hypertension

The only definitive “cure” for pre-eclampsia is to deliver the placenta. However, the risk of hypertension or pre-eclampsia does not resolve immediately. Pre-eclampsia and eclampsia can both present for the first time after the birth. Whether antihypertensive drugs should be offered routinely after delivery to women who had antenatal hypertension is unclear, as is the choice of drug.

Assessment and counselling after pre-eclampsia

Women who have had pre-eclampsia are at increased risk of developing it again in subsequent pregnancies and should be advised of this, ideally before conception. They should also be assessed for underlying chronic hypertension and other medical conditions.

Conclusion

Women should be screened regularly throughout pregnancy for pre-eclampsia, and those at high risk should be referred early for specialist care. Awareness of the signs and symptoms is important at all levels in the maternity services, and for women themselves. Once pre-eclampsia develops, prompt referral for assessment and monitoring will help ensure that women receive appropriate care. The information summarised here should be available to women, clinicians, and policy makers to enable them to make more informed decisions about care during pregnancy and childbirth.

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A major medical decision

About 30 years ago, I was part time occupational physician to a big chemical complex in Bristol. Late one afternoon, some workers reported to the medical inspection room complaining of an irritating dusky rash on exposed areas of skin (neck, face, and arms).

They worked in a plant which used arsenic trioxide in the circulating fluid in a multitude of pipework. I went to the plant and saw in the failing light a fine bluish mist descending from the overhead pipes. I decided that the workers had contact dermatitis and went to see the general manager, a doctor of chemistry. He called the plant managers to discuss my findings and diagnosis. Their opinion was that the pipes were puncture proof.

The general manager asked me, “Freddy, are you sure?”

“As certain as can be,” I replied.

“Well”, he said, “I’ll have to ring the main board and stop the plant—at a cost of £28 000.” (A lot of money in those days.)

I confirmed my opinion and left the plant. I then had my usual busy evening surgery, but I still spent a rather worried and sleepless night thinking about the implications of my action.

The next morning I telephoned the general manager (who was also a patient and a friend) with a slightly anxious question: “What happened?”

“Well,” he replied, “it shut itself off.”

I felt that the good lord and the fail-safe system had intervened to save me.

Leaks were subsequently found in the pipes and repaired; the workers recovered quickly; and I breathed a long sigh of relief.

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