

Screening for the chance of Preeclampsia in your pregnancy

This leaflet explains more about screening to predict your chance of developing early preeclampsia, including the benefits, risks and any alternatives and what you can expect when you come to hospital. If you have any further questions, please speak to a doctor or your midwife.

What is preeclampsia?

Preeclampsia is a medical condition characterised by high blood pressure and protein in the urine in pregnancy. It develops in at least 2% of all pregnancies. The effects of preeclampsia can be serious for both the mother and the baby, especially when the disease is severe, leads to delivery before 37 weeks gestation or there is associated poor growth of the baby.

What does the screening test involve?

You will not need any additional blood tests, visits or scans and the test is safe for you and your baby. At the time of your 11-13 week scan we will calculate your individual chance of developing preeclampsia by combining information about you and your history (maternal risk factors) with the results from various tests. Research in the last decade has identified tests that improve prediction; the most useful tests are measurements of blood pressure (routinely done), blood flow in the maternal blood vessels that supply the womb (this will be done at the routine 11-13 week scan and takes 2 minutes) and the level of placental hormones in the maternal blood (we use PAPP-A, which is routinely measured as part of your Combined screening test).

How will I get my results?

Your result will be given to you and printed on your 11–13-week scan report.

What are the benefits of screening?

We hope that by identifying the individual chance of preeclampsia for each woman in their pregnancy we can monitor pregnancies at higher risk more closely and offer aspirin to reduce the risk.

Are there any risks or alternatives?

The tests are safe for you and your baby. If after reading this leaflet you wish to decline screening, simply let your midwife know or tell us when you attend for your 11–13-week scan. The alternative method for assessing risk of preeclampsia relies on maternal risk factors alone and has been shown to be less effective, this is why we have introduced the new screening method.

What happens if my risk is increased?

A high chance result means the risk of preterm pre-eclampsia is higher than 1:50, or > 2%. The population risk of pre-term pre-eclampsia is roughly 0.6%.

The midwife or doctor will explain the results and discuss the plan of care for your pregnancy with you at the time of the 11–13-week scan.

How will my pregnancy be monitored?

You can carry on seeing your midwife and doctor as planned. They will monitor your blood pressure and urine at each visit. If you have had a baby before you will be seen on the 'first pregnancy' schedule of visits.

We will scan at 28 and 36 weeks to assess your baby's growth and wellbeing. These will be booked at the time of your second trimester scan.

We will also check your blood pressure and urine every 3 weeks from 24 weeks gestation and every 2 weeks from 32 weeks gestation which can be done with either your midwife or GP.

We will offer you an induction at 40 weeks if you have not had your baby by that time, even if you have not developed high blood pressure and your baby's growth and placental function is normal.

This is because you still have an increased chance of your baby's growth being reduced, your placental function becoming reduced and developing raised blood pressure.

After your 36-week growth scan you will be referred to a midwife by your sonographer to discuss and book a date for your labour to be induced. During this appointment you can discuss induction further with a midwife and what your options are if you decide to decline induction of labour. You can also discuss induction of

labour with your midwife at any point in your pregnancy. To learn more about the various stages of induction and the different methods we can offer, as well as to discuss the pros and cons of induction, we recommend attending our **Induction of Labour Workshop**.

When: on Tuesdays, online, 09.00 to 10.00am

How to book: Please register via Eventbrite through the QR code. The day before the class, you will receive a Teams link to join the session.



If you are unable to attend the class on Tuesday, please feel free to email us at: inductionoflabour@stgeorges.nhs.uk

Contact us

If you have any questions or concerns about screening for preeclampsia please contact your midwifery team on the numbers you were given at your booking appointment or the Day Assessment Unit on 020 8725 0863/

For more information leaflets on conditions, procedures, treatments and services offered at our hospitals, please visit www.stgeorges.nhs.uk

Additional services

Patient Advice and Liaison Service (PALS)

PALS can offer you on-the-spot advice and information when you have comments or concerns about our services or the care you have received. You can visit the PALS office between 9.30am and 4.30pm, Monday to Friday in the main corridor between Grosvenor and Lanesborough wings (near the lift foyer).

Tel: 020 8725 2453 **Email:** pals@stgeorges.nhs.uk

NHS Choices

NHS Choices provides online information and guidance on all aspects of health and healthcare, to help you make decisions about your health.

Web: www.nhs.uk

NHS 111

You can call 111 when you need medical help fast but it's not a 999 emergency. NHS 111 is available 24 hours a day, 365 days a year. Calls are free from landlines and mobile phones.

Tel: 111

AccessAble

You can download accessibility guides for all of our services by searching 'St George's Hospital' on the AccessAble website (www.accessable.co.uk). The guides are designed to ensure everyone – including those with accessibility needs – can access our hospital and community sites with confidence.



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