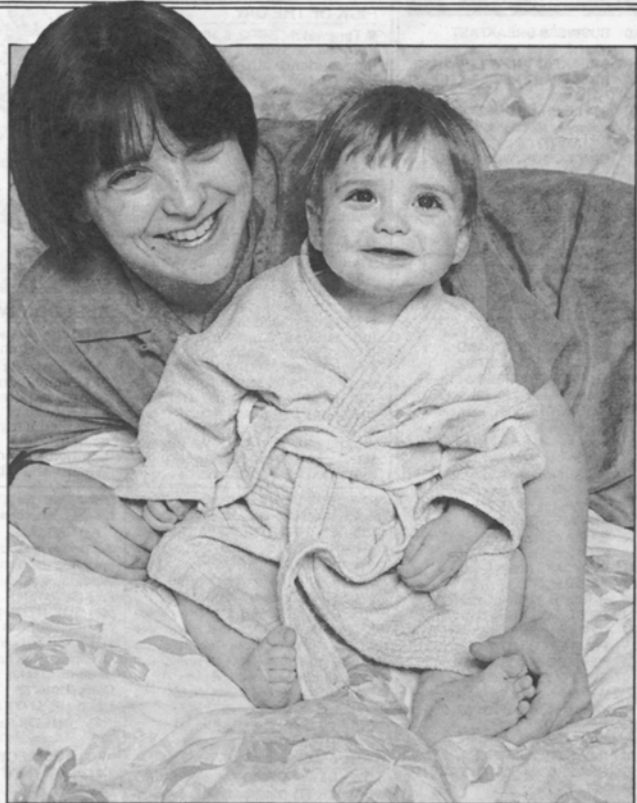


My husband was told to say goodbye to me and the baby...



Nicki Casey lost her first baby but now delights in ten-month-old Jonathan

PRE-ECLAMPSIA is a serious complication in pregnancy which affects one in ten expectant mothers. In the worst cases eclampsia can set in with devastating effects killing an estimated 1,000 babies in the UK every year and up to ten mothers. Nicki

Casey, 35, and her lecturer husband Ted, 40, thought they were going to have a relaxing holiday in France until Nicki developed pre-eclampsia. Here, Nicki, a teacher of deaf infants from Bushey, Hertfordshire, tells her harrowing story to GILL ROTH.

TED and I set off for a week's break with friends in France when I was 28 weeks pregnant. The ferry crossing was a bit rough and I started to feel sick and my ankles swelled. I just put my symptoms down to travel sickness.

When we docked in Cherbourg I was feeling ghastly. Within hours of arriving at our friend Françoise's home, I had a pounding headache and stomach pains.

We called a doctor, who prescribed antibiotics thinking I had a gut infection. But the next morning I was sick again and by 6pm I was on my way to hospital.

There, I was attached to a blood pressure monitor which recorded my blood pressure every two minutes and I watched the numbers rising. I didn't realise it then, but this is the test for pre-eclampsia.

Doctors were scurrying around me, looking anxious. I had needles in my arms and they wouldn't let me sit up.

FRANCOISE was translating but I could tell she was trying to make it sound less serious. This was the first time that pre-eclampsia was mentioned. I knew nothing about it.

The doctors took lots of scans and decided to send me by ambulance to the teaching hospital in Poitiers, 60 miles away. Ted wasn't allowed to come with me in the ambulance and had to follow by car. By that time I'd twigged that they were going to deliver my baby by emergency Caesarean.

I was unaware that while I was being prepared for surgery Ted was being told that he should say goodbye to me and the baby because we might not survive.

I was unconscious when Ciara was born so I didn't see her. I was transferred to intensive care because by that time my liver had packed up and my blood had

stopped clotting. Basically, I was haemorrhaging to death.

I had no idea that by then Ted was being told he'd be taking Ciara home, but not me. He was going between me on the third floor and Ciara on the ninth, where she was in an incubator.

I remember Ted coming in and out to see me but I was heavily sedated to stop me from having a fit, which is the biggest danger of pre-eclampsia because it causes convulsions which can lead to brain damage.

I did have odd moments of clarity. I thought about my baby a lot. The treatment I received in intensive care was second to none, but the language barrier meant the nurses couldn't comfort me.

I think this added to my trauma as everything had to be translated. They couldn't bring Ciara to me or take me to her. Ted would talk to me about her, describing her lovely eyes and hair.

But Ciara's condition went downhill rapidly. Just as I was reviving, she was dying. Ted had to face the responsibility alone of giving permission for Ciara's life support machine to be turned off. She had simply been born too early and was too weak to survive. I was too ill to make a decision.

I was given a massive dose of blood platelets which boosted my body enough to move me onto a lesser level of intensive care. It dawned on me then how close I'd

come to death. My mother came over to France to see me and it happened to be the day I stood up for the first time. The shock on her face made me glad she hadn't been there before. Even now, close members of my family don't know how near I was to dying.

My condition was stabilised and we were flown home. But the journey was a nightmare: my blood pressure rocketed, my head was pounding and I felt very sick.

WE WERE picked up by an ambulance at the airport and when we arrived home Ted rang for a doctor immediately.

I was in hospital for another three days but I wasn't really healthy for another nine months. I felt tired, listless and generally unwell. The effect on Ted was just as bad. In France he'd been living on adrenaline. He never let me see him cry but I knew he was letting all his feelings out to Françoise so that he could be brave with me.

While I was in the hospital at home, Ted brought me an article by Dr Miriam Stoppard about pre-eclampsia and at the bottom of the page was the number for Action on Pre-eclampsia (APEC).

I needed to find out everything about it. Isobel Walker, the director of APEC, sent me leaflets which outlined what the condition

is, a newsletter which had stories from other women who had suffered from pre-eclampsia, and a book she had written with Chris Redman, professor of obstetric medicine at the Oxford Radcliffe.

I discovered that pre-eclampsia is a common condition that affects the placenta shared between mother and baby and prevents it from providing the baby with enough nutrients and oxygen.

The first sign is a rise in blood pressure, which is why doctors always check this. There had been no hint that I would develop pre-eclampsia, but I hadn't known my mother had pre-eclampsia when she was pregnant, and there is a genetic link.

I suppose doctors don't tell you about it because most women won't get it and they don't like to scare you. But I do feel angry that nobody warned me, however small the chances.

I read about other women's experiences, which was consoling because I was left with a huge sense of guilt. I felt Ciara would be alive if my body hadn't broken down. It was a relief to know it wasn't just me. At that time I also had a counsellor from Watford General Hospital who wasn't an expert in pre-eclampsia but was very good to talk to.

I had a lot of help, but Ted was the best. I never saw or held my baby before she died. I felt I'd lost a piece of myself and I desperately needed to put the pieces together in my mind. Ted was wonderful

because he wanted to talk about her and he told me exactly what had happened. A year later we went back to France to visit the hospital. I saw the special baby care unit, Ciara's cot, and the machinery she had been attached to.

Ted helped me to put the jigsaw together by giving me every detail of her short life. I remember my mother being worried that our marriage wouldn't survive such a catastrophe but it's brought us much closer together.

For two years after Ciara's death the thought of getting pregnant again was terrifying. I felt like I was nature's target and that to tempt fate twice was crazy.

Then it was suggested I see Professor Chris Redman, just to talk about the possibility of trying again. Within two months of that consultation I was pregnant. Chris put everything in perspective for me.

HE MADE me realise that if it did happen again there would be a safety net. I was put on a low-dose aspirin and blood pressure drugs.

I had our second baby at John Radcliffe Hospital and every precaution was taken. I did panic a lot, especially around the 28-week mark when I had developed the symptoms the first time.

My second birth was also a Caesarean but there was no trauma and no stress. They even played my favourite music.

Having Jonathan is wonderful — he's a lovely ten-month-old baby now. I've seen his first smile and watched him start crawling and, of course, I've wondered about Ciara, who would be three now. I miss her, but we have a responsibility to provide for Jonathan.

Ted went through more stress during those two weeks in France than most people go through in a lifetime. He still has bad dreams. Jonathan hasn't replaced Ciara but we have accepted what happened. Trying for a second child had to be something we were both deeply committed to and, to a certain extent, I feel very lucky.

DIAGNOSIS

CHRIS REDMAN, professor of obstetric medicine at the Oxford Radcliffe Hospital says:

PRE-ECLAMPSIA is fundamentally a placental disorder caused by partial failure of the blood supply to the placenta. The resultant shortage of blood has knock-on effects for both the mother and baby.

The baby may suffer growth retardation and later foetal distress, which can lead to death in the womb. The mother's problems are signalled first by a generalised circulatory disorder, usually manifested by hypertension and/or protein in the

urine, with or without swelling. This can lead to such complications as eclampsia, HELLP syndrome (Haemolysis, Elevated Liver enzymes, Low Platelets), kidney failure and cerebral haemorrhage. First-time mothers have an increased risk, as do those with a maternal history of pre-eclampsia, diabetes, renal disease, over-35s and multiple pregnancies. Pre-eclampsia can develop at any time after 20 weeks of pregnancy, but is most common in the third trimester. Blood pressure and urine should be checked at every

antenatal appointment. It doesn't get better until after the birth, which is why women with pre-eclampsia often have their babies early.

However, while you remain pregnant, drugs which control high blood pressure can help prevent complications. There is no reliable prevention but women should take heed of indicators, including general malaise, swelling with sudden weight gain, a severe headache, visual disturbances and upper abdominal pain.

■ APEC helpline is on 01923 266778.