

## RESEARCH SUMMARY

## Treatment for Mild Chronic Hypertension during Pregnancy

Tita AT et al. DOI: 10.1056/NEJMoa2201295

## CLINICAL PROBLEM

Chronic hypertension during pregnancy increases risk of poor pregnancy and birth outcomes. Although pharmacologic antihypertensive therapy is standard treatment for severe hypertension during pregnancy, its benefits and safety are unclear for mild chronic hypertension in pregnant women.

## CLINICAL TRIAL

**Design:** A U.S. multicenter, open-label, randomized, controlled trial assessed whether treatment of mild chronic hypertension in pregnant women, as compared with no treatment, would reduce adverse pregnancy outcomes without harming fetal growth.

**Intervention:** 2408 women with a known or new diagnosis of mild chronic hypertension and a singleton fetus at <23 weeks' gestation were randomly assigned to receive either active treatment with antihypertensive medications approved for pregnancy or standard treatment — i.e., no treatment, unless systolic blood pressure was  $\geq 160$  mm Hg or diastolic blood pressure was  $\geq 105$  mm Hg. The primary outcome was a composite of preeclampsia with severe features, medically indicated preterm birth at <35 weeks, placental abruption, fetal death, or neonatal death.

## RESULTS

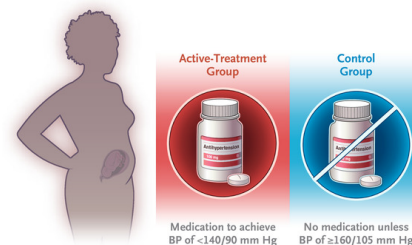
**Efficacy:** Active treatment of mild chronic hypertension reduced the frequency of primary outcome events.

**Safety:** The percentage of infants who were small for gestational age (<10th percentile) was similar in the active-treatment and control groups.

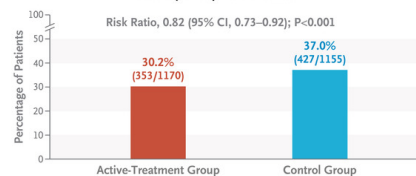
## LIMITATIONS AND REMAINING QUESTIONS

- Patients were aware of their treatment group.
- There was a high ratio of women screened to women enrolled (12:1).
- The study was not powered to assess treatment effects across subgroups.

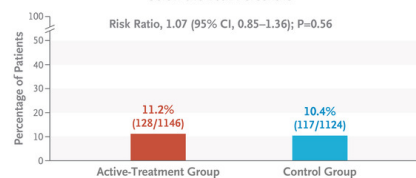
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## Primary Composite Outcome



## Small-for-Gestational-Age Birth Weight below the 10th Percentile



## CONCLUSIONS

Treating mild chronic hypertension in pregnancy reduced adverse pregnancy outcomes without impairing fetal growth.