

RESEARCH SUMMARY

Treatment for Mild Chronic Hypertension during Pregnancy

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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 ≥ 160 mm Hg or diastolic blood pressure was ≥ 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

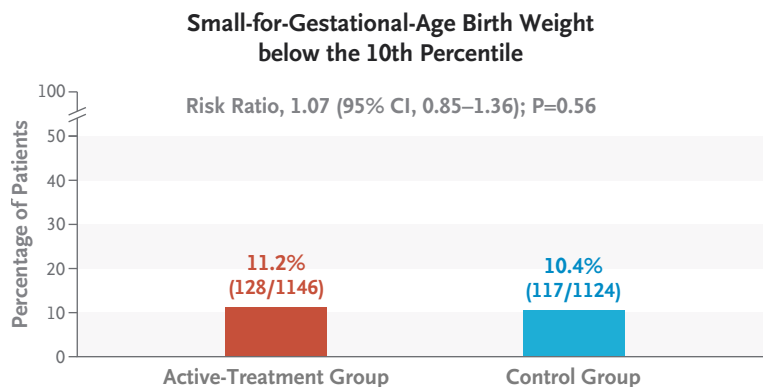
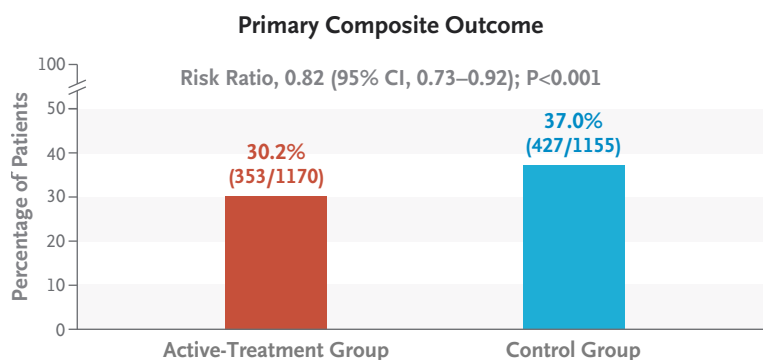
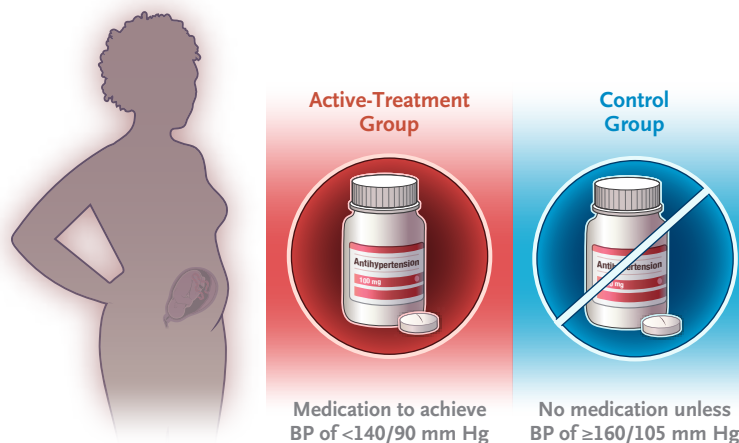
Efficacy: Active treatment of mild chronic hypertension reduced the frequency of primary outcome events.

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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CONCLUSIONS

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