Egyptian Fertility Sterility Society

Treatment of Chronic Hypertension in Pregnancy

What is known already

Traditionally, only severe chronic hypertension (blood pressure ≥160/110 mmHg) has been treated in pregnancy because of fetal safety concerns and lack of evidence of maternal benefit (1-3)

Initiating or continuing prepregnancy antihypertensive treatment during pregnancy is debatable for women with mild or moderate hypertension (140-159/90).

A Cochrane review of approximately 5000 women with mild to moderate hypertension reported that the risk for severe hypertension in these individuals with initially milder hypertension declined with therapy (4).

Other studies both confirm and refute these findings (5-6).

What is New

In the Chronic Hypertension and Pregnancy Trial Construm (CHAP) Reference 7), over 2400 pregnant people with non-severe chronic hypertension (≥140/90 mmHg& ≤160/110) were randomly assigned to active treatment (initiating/continuing antihypertensive treatment to keep BP <140/90 mmHg) or usual care (antihypertensive treatment only for BP ≥160/105 mmHg). Active treatment resulted in an 18 percent relative reduction in a composite adverse pregnancy outcome, including preeclampsia with severe features (23.3 % versus 29.1 %) and medically indicated preterm birth <35 weeks (12.2 versus 16.7 %), with no adverse fetal effects(7).

In this same study, the reported preferred drugs were Labetalol or extended-release Nifedipine (7) .

Implications of the findings.

For pregnant patients with non-severe chronic hypertension, antihypertensive treatment is now recommend to keep BP <140/90 mmHg.

References

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