

Best strategy for managing hypertension and preeclampsia at end of pregnancy

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In 2009, the Hypertension and Preeclampsia Intervention Trial At near Term-I (HYPITAT- I) trial showed that inducing labor in women with gestational hypertension or preeclampsia at the end of pregnancy reduces

the number of high risk situations for the mother, without compromising the health of newborns. An analysis published in *Ultrasound in Obstetrics & Gynecology* evaluated the impact of the HYPITAT-I findings on timing of labor and subsequent outcomes for mother and child in the Netherlands.

The analysis corroborated the results of the HYPITAT-I trial, concluding that inducing labor is the optimal management strategy. It showed that in the period after the HYPITAT-I trial, the rate of induction of [labor](#) at the end of pregnancy was increased in women with hypertensive disease in the Netherlands. This might have contributed to benefits for both [women](#) and their newborns.

"With our impact [analysis](#), we were able to evaluate whether expected results based on a randomized controlled trial were or could be reflected in daily care," said lead author Catherine de Sonnaville, of OLVG, in the Netherlands. "Also, this is the only way to reveal unintended effects resulting from widespread adoption of interventions and therefore provides important information."

More information: C. M. W. de Sonnaville et al, Impact of Hypertension and Preeclampsia Intervention Trial At Near Term-I (HYPITAT-I) on obstetric management and outcome in The Netherlands, *Ultrasound in Obstetrics & Gynecology* (2019). [DOI: 10.1002/uog.20417](#)

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