

Treating milder forms of pre-existing high blood pressure during pregnancy improves some outcomes

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Treating even mildly elevated, or non-severe, blood pressure during pregnancy reduces the risk of adverse pregnancy outcomes and is unlikely to harm the developing baby, according to a study being presented at the American College of Cardiology's (ACC) 71st Annual

Scientific Session.

When compared with [pregnant women](#) whose [mild hypertension](#) wasn't actively treated, those who received medications to lower their [blood pressure](#) to less than 140/90 mmHg had about a 20% reduction in the combined rate of severe preeclampsia, preterm birth before 35 weeks, abruption and fetal or [newborn death](#)—the study's primary outcome. The benefits of treating mild chronic [hypertension](#), defined as high blood pressure that is less than 160/110 mmHg, remained even after controlling for other factors that may have played a role, such as [hypertension treatment](#) before pregnancy, race/ethnicity or diabetes.

"We have known for a long time that—outside of pregnancy—it's important to treat high blood pressure to improve outcomes, including reducing cardiovascular events and death, but there has been some controversy and uncertainty whether to treat non-severe chronic hypertension during pregnancy, mostly due to concerns that antihypertensive treatment could lead to poor fetal growth," said Alan Tita, MD, Ph.D., director of the Center for Women's Reproductive Health, professor of obstetrics and gynecology at University of Alabama Heersink School of Medicine and the study's lead author. "Our trial addresses the benefits and safety of treating non-severe chronic hypertension during pregnancy."

High blood pressure is one of the most common, serious medical conditions facing pregnant women. It is estimated that 2% of women enter pregnancy with high blood pressure, which heightens their risk of preeclampsia and a host of negative outcomes for both the mother and baby. Of these, a majority (up to 80%) have mild chronic hypertension. While there is consensus to treat pregnant women with severe hypertension—blood pressure of 160/110 mmHg or higher during pregnancy—it has remained unclear whether to treat pregnant women with mild chronic hypertension. This study, perhaps the largest to date,

suggests that providing treatment improves outcomes, Tita said.

The Chronic Hypertension and Pregnancy (CHAP) Project was designed to assess the benefits and harm of treating pregnant women with mild chronic hypertension. The open-labeled, randomized, controlled trial enrolled 2,408 women with known mild chronic hypertension (high blood pressures

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