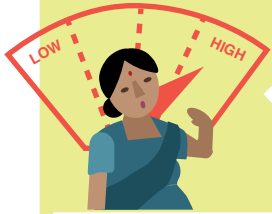
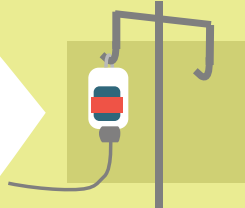


1. What we know



Very high blood pressure in pregnancy is dangerous

Many resource-constrained communities cannot treat it intravenously



Yet, the World Health Organisation only lists **intravenous hydralazine** on their Essential Medicines List (EML)

Research question:

Are there **safe and effective** oral medications to treat severe pregnancy hypertension?

2. Research design



Evaluated **3** different oral medications at two hospitals in Nagpur, India

894 pregnant women
at 28 weeks' gestation or more



Blood pressure greater or equal to systolic 160mmHg or diastolic 110mmHg

298 women received
Nifedipine retard
(10mg/hr x 3 doses)

295 women received
Labetalol
(200mg/hr x 3 doses)

301 women received
Methyldopa
(1000mg x 1 dose)



THE ORAL ANTIHYPERTENSIVE TRIAL

Comparing oral antihypertensives for use in severe pregnancy hypertension



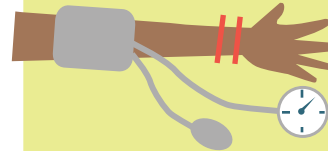
4. Research implications

Each regimen achieved some success



Oral antihypertensive medications should be **included on the EML** for treatment of severe hypertension in pregnancy

3. Results



GOAL: Systolic blood pressure of 120-150mmHg, diastolic blood pressure at 6 hrs without adverse outcomes

As intention-to-treat, nifedipine was marginally superior to labetalol and methyldopa



Labetalol
77.3%



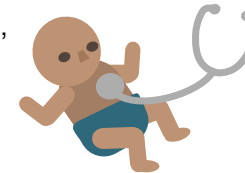
Nifedipine
retard
83.6%



Methyldopa
76.4%

Percentage who achieved target blood pressure in 6 hrs

...but with nifedipine, babies were more likely to receive special care



Adverse maternal outcomes were **rare** in women assigned to all three treatment groups

0
maternal deaths

0
maternal ICU admissions

1
case of seizure