A prognostic model to guide decision-making on timing of delivery in late preterm pre-eclampsia: the PEACOCK prospective cohort study

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Declared competing interests of authors: Lucy C Chappell's institution received funding from the National Institute for Health Research (NIHR) for this work. Lucy C Chappell is also the chairperson of the NIHR Health Technology Assessment Clinical Evaluation and Trials Committee, a member of the NIHR Efficacy and Mechanism Evaluation Strategic Advisory Group, and a member of the NIHR Journals Library Design group. Andrew Shennan is a member of the NIHR Health Technology Assessment Commissioning Committee.

Published May 2021 DOI: 10.3310/hta25300

Plain English summary

The PEACOCK prospective cohort study Health Technology Assessment 2021; Vol. 25: No. 30 DOI: 10.3310/hta25300

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Why did we do this study?

Pre-eclampsia is a condition occurring in pregnancy. The condition can affect the health of the woman and the baby, often affecting the woman's kidneys and liver and the baby's growth. In severe cases, babies can be stillborn. Once pre-eclampsia is diagnosed, the only cure is to deliver the baby. It is often not possible to identify women and babies at high risk of the severe complications of pre-eclampsia who would benefit from early delivery. We wanted to see if we could improve the way that women with pre-eclampsia are assessed to work out who needs to be delivered early to prevent complications.

What did we do?

A total of 501 women affected by pre-eclampsia took part in our study and we measured substances in their blood. We used these results, along with other clinical measures, to see if we could improve the way that we try and tell which women need delivery soon.

What did we find?

The blood markers were not able to tell us which women needed delivery within 7 days, and they were not able to improve our detection rate of women who need delivery to prevent complications.

What does this mean for women with pre-eclampsia?

These methods cannot be recommended to plan care for women and babies affected by pre-eclampsia between 34 and 37 weeks' gestation to help tell us when the baby should be born. We need to find better tests to help find out which women and babies are most at risk of the complications of pre-eclampsia.

Health Technology Assessment

ISSN 1366-5278 (Print)

ISSN 2046-4924 (Online)

Impact factor: 3.370

Health Technology Assessment is indexed in MEDLINE, CINAHL, EMBASE, the Cochrane Library and Clarivate Analytics Science Citation Index.

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

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This report

The research reported in this issue of the journal was funded by the HTA programme as project number 15/59/06. The contractual start date was in April 2016. The draft report began editorial review in October 2019 and was accepted for publication in May 2020. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HTA editors and publisher have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the draft document. However, they do not accept liability for damages or losses arising from material published in this report.

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