# Planned delivery to improve postpartum cardiac function in women with preterm pre-eclampsia: the PHOEBE mechanisms of action study within the PHOENIX RCT

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# **Plain English summary**

### The PHOEBE RCT

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## **Plain English summary**

Women who have a form of high blood pressure in pregnancy called pre-eclampsia may be at risk of heart disease later in life. When a woman becomes unwell with this type of high blood pressure in pregnancy we usually wait until she is 37 weeks pregnant before recommending delivery. We carried out a study to see if earlier delivery would lead to fewer complications for the woman and the baby, and to see if this would also reduce her risk of damage to her heart after pregnancy.

This study was part of a larger study called the Pre-eclampsia in HOspital: Early iNductIon or eXpectant management (PHOENIX) study. In this study, women with pre-eclampsia between 34 and 37 weeks of pregnancy either had birth started within 48 hours (usually by induction of labour) or underwent usual care, waiting until the doctor thought that she needed delivery or she reached 37 weeks of pregnancy. In our study, we invited women back 6 months after having their baby, performed an ultrasound of their hearts and checked blood pressure. We then looked to see whether or not being delivered earlier caused less damage to the heart.

Between April 2016 and November 2018, 420 women in 28 hospitals in the England and Wales agreed to take part.

We showed that staying pregnant with pre-eclampsia for a few days longer did not cause more heart damage. However, 1 in 10 women in the study had ultrasound evidence of damage to their hearts. Over half of the women in the study did not have a normal ultrasound of their heart. Around 7 out of 10 of these women with pre-eclampsia still had high blood pressure 6 months after their pregnancy. These findings suggest that these women need more intensive monitoring and follow-up after their pregnancy. This might help reduce the long-term risks of heart disease.

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