

Planned delivery for pre-eclampsia between 34 and 37 weeks of gestation: the PHOENIX RCT

Lucy C Chappell,^{1*} Peter Brocklehurst,²
Marcus Green,³ Pollyanna Hardy,⁴ Rachael Hunter,⁵
Alice Beardmore-Gray,¹ Ursula Bowler,⁴
Anna Brockbank,¹ Virginia Chiocchia,⁴ Alice Cox,¹
Kate Duhig,¹ Jessica Fleminger,¹ Carolyn Gill,⁶
Melanie Greenland,⁴ Eleanor Hendy,¹
Ann Kennedy,⁴ Paul Leeson,⁷ Louise Linsell,⁴
Fergus P McCarthy,⁸ Jamie O'Driscoll,⁹
Anna Placzek,⁴ Lucilla Poston,¹ Stephen Robson,¹⁰
Pauline Rushby,⁴ Jane Sandall,¹ Laura Scholtz,¹
Paul T Seed,¹ Jenie Sparkes,¹ Kayleigh Stanbury,⁴
Sue Tohill,⁶ Basky Thilaganathan,¹¹ John Townend,¹²
Edmund Juszczak,¹³ Neil Marlow¹⁴
and Andrew Shennan¹ on behalf of the PHOENIX
Study Group

¹School of Life Course Sciences, King's College London, London, UK

²Birmingham Clinical Trials Unit, University of Birmingham, Birmingham, UK

³Action on Pre-eclampsia, Evesham, UK

⁴National Perinatal Epidemiology Unit Clinical Trials Unit, Nuffield Department of Population Health, University of Oxford, Oxford, UK

⁵Research Department of Primary Care and Population Health, University College London, London, UK

⁶Guy's and St Thomas' NHS Foundation Trust, London, UK

⁷Division of Cardiovascular Medicine, Radcliffe Department of Medicine, University of Oxford, Oxford, UK

⁸Department of Obstetrics and Gynaecology, University of Cork, Cork, Ireland

⁹School of Psychology and Life Sciences, Canterbury Christ Church University, Kent, UK

¹⁰Population Health Institute, Newcastle University, Newcastle upon Tyne, UK

¹¹Fetal Medicine Unit, St George's University Hospitals NHS Foundation Trust, London, UK

¹²Frontier Science (Scotland) Ltd, Kincaid, UK

¹³Nottingham Clinical Trials Unit, University of Nottingham, Nottingham, UK

¹⁴Institute for Women's Health, University College London, London, UK

*Corresponding author lucy.chappell@kcl.ac.uk

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Plain language summary

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Why did we do this trial?

We know that pre-eclampsia is a common condition and can cause serious illness in a pregnant woman or baby. It is unclear how we should best advise women about the timing of delivery if they develop the condition between 34 and 37 weeks of pregnancy. We wanted to compare planned early birth and usual clinical practice (that is, planning birth at 37 weeks of pregnancy, or sooner if needed for clinical reasons).

What did we do?

Between September 2014 and December 2018, 901 women with pre-eclampsia between 34 and 37 weeks of pregnancy agreed to take part. Half of the women were randomised to planning the birth of their babies within 48 hours and half were randomised to watching and waiting. During the study we collected pregnancy and birth information and health outcomes for the mother and the baby for 2 years after birth.

What did we find?

We found that planned early birth is better for these women, with fewer complications such as severely high blood pressure. We found that more babies in the planned birth group were admitted to the neonatal unit, mainly because they were premature, but they did not have more complications such as breathing problems and they did not stay longer in the unit than babies in the usual clinical practice group. At 2 years old, the babies in both groups had similar scores for development, with their average scores in the normal range.

What does this mean for women with pre-eclampsia?

Women with pre-eclampsia and their doctors will be able to make better decisions about the timing of delivery. Because the number of complications was reduced, and there was no difference in complications for the baby (though more babies were admitted to the neonatal unit), women and their doctors may use this information to share decision-making around timing of delivery.

