Project publication

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Two-year follow-up of infant and maternal outcomes after planned early delivery or expectant management for late preterm pre-eclampsia (PHOENIX): a randomised controlled trial

Publication

Beardmore-Gray A, Greenland M, Linsell L, Juszczak E, Hardy P, Placzek A, *et al*. Two-year follow-up of infant and maternal outcomes after planned early delivery or expectant management for late preterm pre-eclampsia (PHOENIX): a randomised controlled trial [published online ahead of print April 1 2022]. *BJOG* 2022. https://doi.org/10.1111/1471-0528.17167

Abstract

Objective: We evaluated the best time to initiate delivery in late preterm pre-eclampsia in order to optimise long-term infant and maternal outcomes.

Design: Parallel-group, non-masked, randomised controlled trial.

Setting: 46 UK maternity units.

Population: Women with pre-eclampsia between 34^{+0} and 36^{+6} weeks' gestation, without severe disease, were randomised to planned delivery or expectant management.

Primary long-term outcome: Infant neurodevelopmental outcome at 2 years of age, using the PARCA-R (Parent Report of Children's Abilities-Revised) composite score.

Results: Between Sept 29, 2014, and Dec 10, 2018, 901 women were enrolled in the trial, with 450 allocated to planned delivery and 451 to expectant management. At 2-year follow-up, the intention-to-treat analysis population included 276 women (290 infants) allocated to planned delivery and 251 women (256 infants) to expectant management. The mean composite standardised PARCA-R scores were 89.5 (standard deviation (SD) 18.2) in the planned delivery group and 91.9 (SD 18.4) in the expectant management group, with an adjusted mean difference of −2.4 (95% CI −5.4 to 0.5) points.

Conclusion: In infants of women with late preterm pre-eclampsia, average neurodevelopmental assessment at 2 years lies within the normal range, regardless of whether planned delivery or expectant management is pursued. Because of lower than anticipated follow-up, there was limited power to demonstrate these scores were not different, but the small between-group difference in PARCA-R scores is unlikely to be clinically important.

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