

EP08.24 - Association and clinical impact of hypertensive disorders of the pregnancy in preterm fetal growth restriction

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Objectives

To report the association and the clinical impact of hypertensive disorders of the pregnancy in preterm fetal growth restriction (FGR).

Methods:

Secondary analysis of data combined from two multicentre studies: The TRUFFLE RCT and the prospective TRUFFLE2 feasibility study. The TRUFFLE RCT included women with FGR at 26-32 weeks and randomized early vs late abnormal DV-PI vs cCTG to decide when to deliver the baby. The TRUFFLE2 included women at 32 – 36 weeks with suspected FGR and collected monitoring parameters longitudinally. This study included cases of small-for-gestational age and FGR, however only cases with FGR were selected for the study purposes. The endpoint of interest was the relation between hypertensive disorders of the pregnancy and preterm FGR across gestation.

Results

672 women were included (503 from the TRUFFLE RCT; 169 from the TRUFFLE 2 feasibility study).Hypertensive morbidity occurred in 78% of women admitted before 29 weeks, while beyond 32 weeks this was observed only in 14% of the cases. Women with preeclampsia had a significantly shorter interval to delivery compared to women without preeclampsia for all gestational age categories, except for those included > 35 weeks (Figure). Composite adverse perinatal outcome prior to 29 weeks was recorded in 30/52 (58%) non-hypertensive FGR, in 113/148 (76%) cases of FGR + preeclampsia and in 32/38 (84%) cases of FGR + HELLP(p<0.01); a non-significant trend relating hypertensive morbidity, FGR and composite adverse outcome was noted at later gestation.

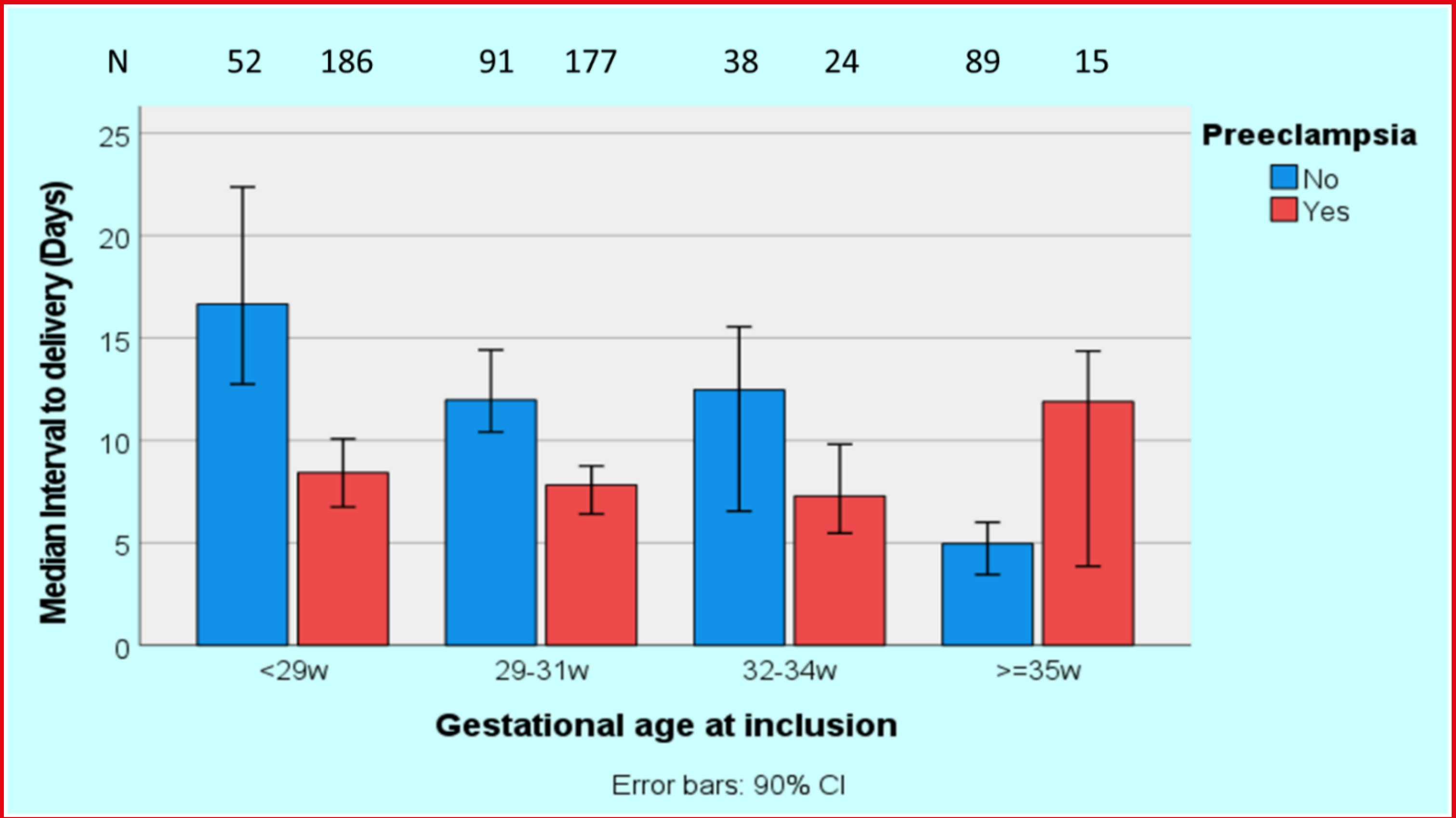


Figure: time-to-delivery interval in women with FGR with or without preeclampsia for all gestational age categories.

Conclusion:

Hypertensive disorders of pregnancy are more common and severe at earlier gestation; hypertensive morbidity is associated with adverse outcome and shorter time-to-delivery interval in preterm FGR.