

Trials on preeclampsia

	Countries	Women	Status
Treatment of pre-eclampsia (MAGPIE trial)*	31	10141	Published
Primary prevention of preeclampsia (calcium)	6	8500	On going (final recruitment phase)
Primary prevention of preeclampsia (antioxidants)	4	4040	Early implementation phase
Secondary prevention of preeclampsia (treatment of hypertension)	4	1600	In preparation
TOTAL		24281	

Calcium supplementation in low calcium intake women for the prevention of preeclampsia

- Hypothesis: calcium supplementation reduces the risk of preeclampsia (Calcium deficiency is associated with vasoconstriction)
- Intervention: 1500 mg/day from 20 weeks
- Outcome of interest: preeclampsia,
- Rationale: evidence from observational and randomized clinical trial
- Settings: 7 centres in 6 countries
- Population: 8500 nulliparous women

Effect of calcium supplementation to low calcium intake pregnant women on maternal calcium metabolism (sub-study)

- Hypothesis: calcium supplementation will result in less alterations of calcium related metabolites possibly associated to vasoconstriction
- Intervention: 1500 mg/day from 20 weeks
- Outcome of interest: levels of calcium metabolites in plasma and urine
- Rationale: identify mechanisms of calcium effect on preeclampsia, clarify pathophysiology
- Settings: 1 centre (Peru)
- Population: 200 nulliparous women

Effect of calcium supplementation to low calcium intake pregnant women on placental hemodynamic and fetal growth (sub-study)

- Hypothesis: calcium supplementation will result in in better fetal growth, bone development and uteroplacental circulation
- Intervention: 1500 mg/day from 20 weeks
- Outcome of interest: growth of fetal anatomical parameters, Doppler velocitometry of uterine and umbilical arteries
- Rationale: identify mechanisms of calcium effect on preeclampsia, clarify pathophysiology
- Settings: 4 centres: Argentina, Egypt, India (2)
- Population: 600 nulliparous women

Vitamin C and E supplementation in pregnancy for the prevention of preeclampsia

(In collaboration with St. Thomas Hospital, London)

- Hypothesis: Antioxidant supplementation to pregnant women at increased risk of preeclampsia reduces the risk of preeclampsia
- Intervention: 1000 mg of vitamin C and 400IU of vitamin E from the second trimester
- Outcome of interest: preeclampsia
- Rationale: oxidative stress may be a cause of preeclampsia
- Settings: 4 centres (India, Peru, Vietnam, England)
- Population: 4044 nulliparous women

Labetalol for the treatment of de-novo mild to moderate hypertension during pregnancy

- Hypothesis: Treatment of mild to moderate hypertension reduces the risk of preeclampsia
- Intervention: treating pregnant women with de-novo mild to moderate hypertension with the anti-hypertensive agent labetalol (from 300 to 1200 mg/day)
- Outcome of interest: proteinuria (preeclampsia)
- Rationale: Treatment of mild to moderate hypertension has been proposed as a strategy to prolong pregnancy and improve maternal and perinatal outcomes, but data supporting this intervention are scarce



