



TO: All obstetric consultants and trainees

TOPIC: What you need to know... before prescribing antihypertensives in pregnancy

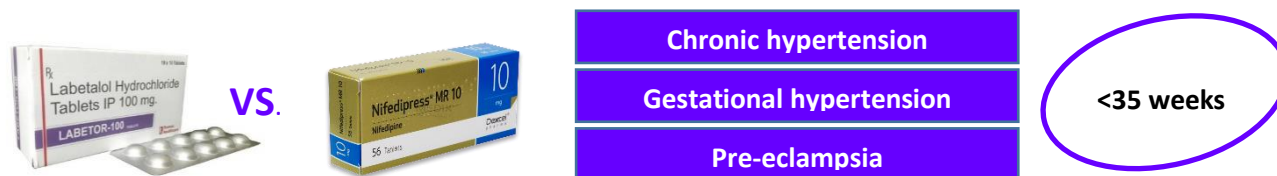
The NICE Hypertension in Pregnancy: diagnosis and management guideline recommend you:

“Consider Labetalol to treat chronic hypertension in pregnant women and to consider nifedipine for women in whom labetalol is not suitable, or methyldopa if both labetalol and nifedipine are not suitable. Base the choice on any pre-existing treatment, side-effect profiles, risks (including fetal effects) and the woman's preference”.

[2019]

However, data to inform this are sparse. A [Cochrane review](#) published in 2018 found that only two trials, totaling 354 women, have compared labetalol vs. nifedipine. There is wide variation of in prescribing of antihypertensives in pregnancy. Although some doctors and women may have preferences, there is inadequate evidence to say whether labetalol or nifedipine is better.

The **giant PANDA study** is a pragmatic, open-label, multicentre, two-arm RCT of 2,300 pregnant women with hypertension in around 50 consultant-led maternity units across the UK.



We can now make the choice of antihypertensive in pregnancy... **randomized** within the giant PANDA Study, rather than random or arbitrary. This will enable us to give women the information they need to make decisions about their health and pregnancy.

After randomisation:

- You can prescribe the randomised medication as normal (e.g. outpatient prescription, electronic chart, etc.)
- You do not need any involvement of the clinical trials pharmacy and you can use any preparation of modified Release nifedipine or labetalol
- Let the woman know all other aspects of antenatal and delivery care will follow usual clinical care pathways
- Following initial randomization, you can increase, stop, or switch antihypertensive therapy as indicated, in line with your usual practice (and the woman can continue in the trial)

- ⇒ **Please contact the research team** in your Trust if you are prescribing (starting OR continuing) antihypertensives in pregnancy before 35 weeks' gestation
- ⇒ **Consider becoming the Associate PI** for the giant PANDA study at your maternity unit. More information [here](#)
- ⇒ **Receive a certificate** for your involvement for portfolio (i.e. referring an eligible woman to the research team)

For more information:

- [High blood pressure in pregnancy - infographic](#)
- [Which antihypertensive treatment is better for mild to moderate hypertension in pregnancy?](#)
- [The giant PANDA study – Professor Lucy Chappell](#)