



WILL Eligibility Guidance

Following approval of Substantial Amendment 03, women in the WILL trial will be randomised to one of the following timing of birth groups:

| Planned Early Term Birth: 38 ⁺⁰ – 38 ⁺³ | Usual Care at Term |
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| <p>Induction of labour or elective Caesarean will be planned for 38⁺⁰ – 38⁺³ weeks.</p> <p>Birth must be initiated during this time, but women do not have to give birth during this gestational age window.</p> | <p>This is based on standard NHS practice. Birth will be planned as if women were not taking part in WILL.</p> <p>Usual care for women with chronic or gestational hypertension at term, involves maternal and fetal surveillance and management, as an integrated package of care based on current NICE NG133 care pathways. There should be a clear indication of the parameters that should prompt delivery for clinical need (e.g., refractory severe hypertension or pre-eclampsia). For WILL we consider usual care to be either:</p> <ul style="list-style-type: none"> • awaiting the onset of spontaneous labour, or • undergoing elective Caesarean or induction of labour in the absence of clinical need after 39⁺⁰ weeks. However, to ensure a one week separation in gestational age at birth between the two trial groups, it would be ideal if in the absence of a clinical need for birth, you did <i>not</i> initiate birth before 39⁺³ weeks. |

Are women who have a planned elective Caesarean eligible to take part?

Yes: These women may still be eligible.

The doctor must be happy for these women to be randomised to either group.

If randomised to the **Usual Care at Term Group**, try to plan the Caesarean from at **least** 39⁺⁰ weeks, and ideally, **from** 39⁺³ weeks.

Are women with co-morbidities eligible to take part?

Yes: Examples of the most common co-morbidities are:

- Diabetes
- Obesity (BMI ≥30kg/m²)
- Chronic Kidney Disease,

The doctor must be happy for these women to be randomised to either group.

If randomised to the **Usual Care at Term Group**, try to plan birth as late as you can in their pregnancy, ideally **from** 39⁺³, unless there is a clinical need for birth before this time.