First published online: 18 July 2022

DOI: 10.1002/ijgo.14345

International Journal of Gynecology Obstetrics FIGO WILEY

CORRESPONDENCE

Letter to the editor: FIGO good practice recommendations on modifiable causes of iatrogenic preterm birth

We read with great interest the FIGO good practice recommendations on modifiable causes of iatrogenic preterm birth.[1] Avoiding iatrogenic prematurity should be one of the main goals of all obstetricians. The balance between maternal and fetal morbidity/mortality is sometimes difficult to establish; especially with regard to pregnancy-induced hypertension, a condition that carries a considerable risk for the mother. Our concern is especially true for low- and middle-income settings, where surveillance and early diagnosis of pre-eclampsia represent a great challenge.

In this paper, the authors state that patients with pregnancy-induced hypertension—i.e. gestational hypertension—should be offered delivery from 39 weeks onward. The paper uses as references HYPITAT I[2] and II[3] trials, and an individual patient meta-analysis by Bernardes et al.[4] However, the HYPITAT I trial concludes that induction of labor should be advised for women with mild hypertensive disease (gestational hypertension and mild pre-eclampsia) after 37 weeks of gestation, and the HYPITAT II trial studies patients before 37 weeks of gestation.[2,3] The conclusion of the Bernardes et al. meta-analysis states that the risk of neonatal distress respiratory syndrome is reduced when induction of labor is implemented at or after 36 weeks of gestation.[4]

Following these important studies, several associations worldwide updated their recommendations, suggesting induction of labor for patients with pre-eclampsia or gestational hypertension at or after 37 weeks of gestation.[5–9]

In light of this evidence, we would like to kindly ask the authors for some clarification about the reasons for such a recommendation.

Mario Dias Correa Junior[1]
Jose Carlos Peraçoli[2]
Sérgio Hofmeister Martins Costa[3]
Maria Laura Costa do Nascimento[4]
Henri Augusto Korkes[5]
for RBHEG – Rede Brasileira de Estudos de Hipertensão na Gravidez*

[1]*Department of Gynecology and Obstetrics, Federal University of Minas Gerais, Belo Horizonte, Brazil*

[2]*Department of Gynecology and Obstetrics, Botucatu Medical School, São Paulo State University, UNESP, Botucatu, São Paulo, Brazil*

[3]*Department of Obstetrics and Gynecology, School of Medicine, Hospital de Clinicas de Porto Alegre, Federal University of Rio Grande do Sul, Porto Alegre, Brazil*

[4]*Department of Obstetrics and Gynecology, University of Campinas, Campinas, Brazil*

[5]*Department of Obstetrics, Catholic Medical School, São Paulo, Brazil*

Correspondence
Mario Dias Correa Junior, Department of Gynecology and Obstetrics, Federal University of Minas Gerais, Av Alfredo Balena, 190, sala 217, Belo Horizonte, MG, Brazil.
Email: correajr@gmail.com

REFERENCES

1. Valencia CM, Mol BW, Jacobson B. FIGO working Group for Preterm Birth. FIGO good practice recommendations on modifiable causes of iatrogenic preterm birth. *Int J Gynecol Obstet*. 2021;155(1):8-12.
2. Koopmans CM, Bijlenga D, Groen H, et al. Induction of labour versus expectant monitoring for gestational hypertension or mild pre-eclampsia after 36 weeks' gestation (HYPITAT): a multicenter, open-label randomized controlled trial. *Lancet*. 2009;374(9694):979-988.
3. Broekhuijsen K, van Baaren GJ, van Pampus MG, et al. Immediate delivery versus expectant monitoring for hypertensive disorders of pregnancy between 34 and 37 weeks of gestation (HYPITAT-II): an open-label, randomized controlled trial. *Lancet*. 2015;385(9986):2492-2501.
4. Bernardes TP, Zwertbroek EF, Broekhuijsen K, et al. Delivery or expectant management for prevention of adverse maternal and neonatal outcomes in hypertensive disorders of pregnancy: an individual participant data meta-analysis. *Ultrasound Obstet Gynecol*. 2019;53(4):443-453.
5. American College of Obstetricians and Gynecologists' committee on obstetric practice, Society for Maternal-Fetal Medicine. Medically indicated late-preterm and early-term deliveries: ACOG Committee opinion, number 831. *Obstet Gynecol*. 2021;138(1):e35-e39.
6. Brown MA, Magee LA, Kenny LC, et al. The hypertensive disorders of pregnancy: ISSHP classification, diagnosis & management recommendations for international practice. *Pregnancy Hypertens*. 2018;13:291-310.
7. NICE Guideline. Hypertension in pregnancy: diagnosis and management. Published: 25 June 2019. www.nice.org.uk/guidance/ng133

*Other members of RBHEG – Rede Brasileira de Estudos de Hipertensão na Gravidez are listed at the Appendix section.

Linked article: This correspondence comments on the Special Article from Valencia et al.: https://obgyn.onlinelibrary.wiley.com/doi/full/10.1002/ijgo.13857

8. Magee LA, Pels A, Helewa M, Rey E, Peter von Dadelszen, SOGC hypertension Guideline Committee. Diagnosis, evaluation, and management of the hypertensive disorders of pregnancy: executive summary. *J Obstet Gynaecol Can*. 2014;36(5):416-438.
9. Peraçoli JC, Borges VTM, Ramos JGL, et al. Pre-eclampsia/Eclampsia. *Rev Bras Ginecol Obstet*. 2019;41(5):e1-e2.

APPENDIX A

OTHER MEMBERS OF RBHEG – REDE BRASILEIRA DE ESTUDOS DE HIPERTENSÃO NA GRAVIDEZ

Alberto Moreno Zaconeta; Ana Cristina P. F. Araujo; Carlos Henrique Esteves Freire; Edilberto Alves Pereira da Rocha Filho; Edson Vieira da Cunha Filho; Francisco Lázaro Pereira de Sousa; José Geraldo Lopes Ramos; Leandro Gustavo de Oliveira; Maria Rita de Souza Mesquita; Nelson Sass; Ricardo de Carvalho Cavalli; Carlos Eduardo Poli de Figueiredo.