



Impact of interventions to prevent and manage preeclampsia and eclampsia on stillbirths

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Background: Preeclampsia and eclampsia are leading causes of stillbirths. The aim of this study was to assess the impact of interventions to prevent and manage preeclampsia and eclampsia on stillbirths.

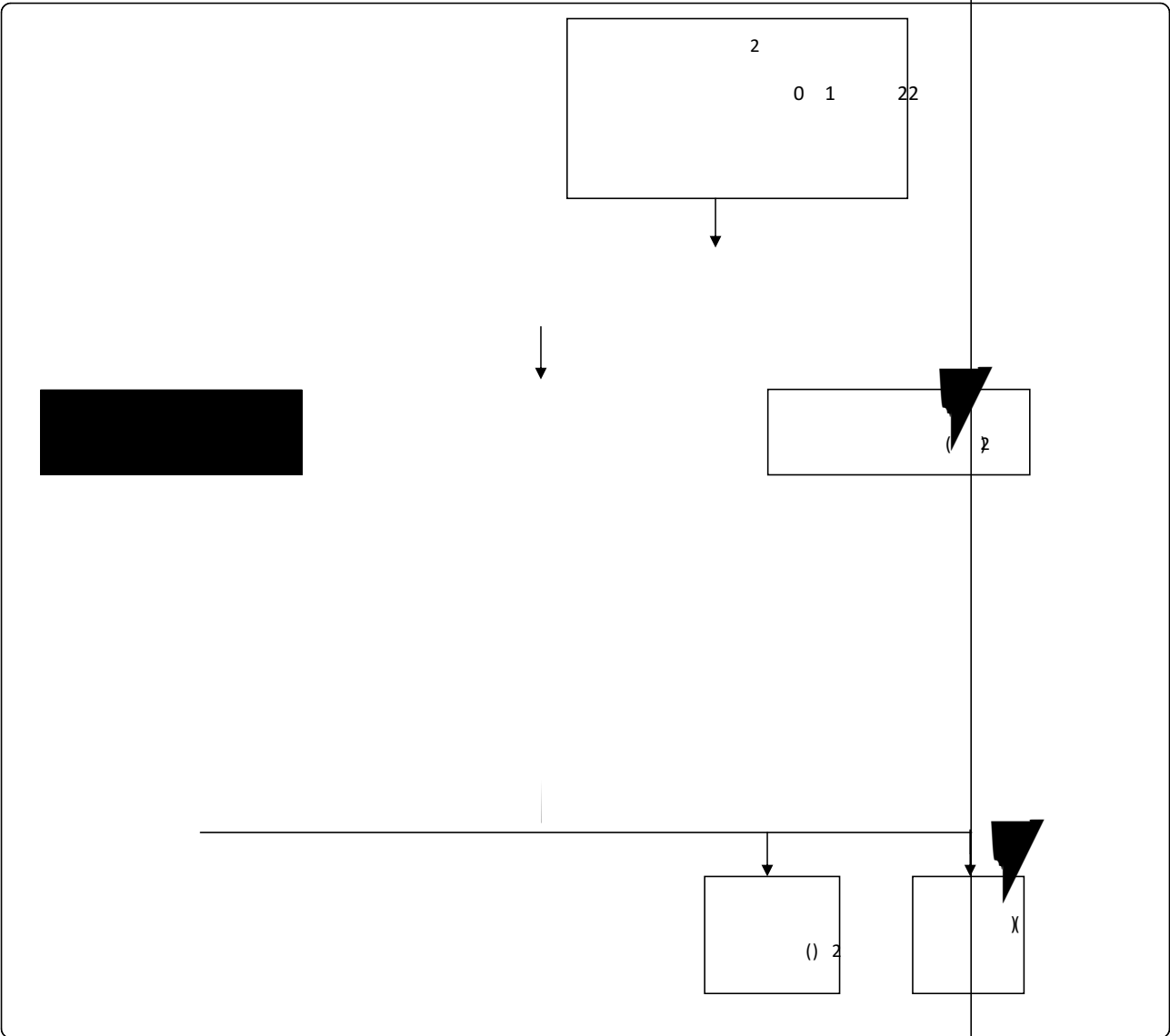
Methods: A systematic review of the literature was conducted to identify studies that evaluated the impact of interventions to prevent and manage preeclampsia and eclampsia on stillbirths. The search was limited to English language articles published between 1990 and 2015. The studies were screened based on the following criteria: (1) The study must have been a randomized controlled trial or a cohort study. (2) The study must have evaluated the impact of an intervention on stillbirths. (3) The study must have reported the number of stillbirths in the intervention and control groups. (4) The study must have reported the relative risk or odds ratio of stillbirths in the intervention group compared to the control group.

C () I² . A (0.10)
 I² 50%
 I

2069
 1022
 L (F 1). A M C
 121
 82
 A
 A F 1. I 1, 2, 3, 4,

Aspirin in high-risk pregnancy
 21
 1,4,9,12,13,15-19,27-37 3
 38-40 . A 13
 1,4,15,17,27,29,31,33,35,36,39,41-43 (1).
 (= 1.15; 95% CI: 0.88 1.49)
 (F 2). C (= 1.06;
 95% CI: 0.82 1.37).

Calcium supplementation in low-intake population
 3 55-57
 4
 (2).
 19%,
 (0.81, 95 % CI 0.63-1.03)
 (F 3).



	%		%			
August 1994	1	24	1	25	0.9%	1.04 [0.07, 15.73]
Caspi 1994	0	48	2	46	2.3%	0.19 [0.01, 3.89]
Dekker 1989	0	5	0	5		Not estimable
ECPPA 1996	28	482	23	503	20.4%	1.27 [0.74, 2.17]
Gallery 1997	4	58	0	50	0.5%	7.78 [0.43, 141.05]
Hauth 1993	1	302	1	302	0.9%	1.00 [0.06, 15.91]
Italian study 1993	13	634	14	538	13.7%	0.79 [0.37, 1.66]
Kincaid-Smith 1996	0	27	0	25		Not estimable
McParland 1990	1	48	2	52	1.7%	0.54 [0.05, 5.78]
Rotchell 1998	29	1834	27	1841	24.4%	1.08 [0.64, 1.81]
Schiff 1989	0	34	0	32		Not estimable
Schrocksadel 1992	0	22	1	19	1.5%	0.29 [0.01, 6.72]
Sibai 1993	17	1505	7	1519	6.3%	2.45 [1.02, 5.89]
Subtil 2003	9	1645	8	1660	7.2%	1.14 [0.44, 2.94]
Uzan 1991	2	156	4	73	4.9%	0.23 [0.04, 1.25]
Vainio 2002	0	43	0	43		Not estimable
Viinikka 1993	1	97	0	100	0.4%	3.09 [0.13, 74.98]
Wallenburg 1986	1	23	0	23	0.5%	3.00 [0.13, 70.02]
Wallenburg 1991	0	17	0	18		Not estimable
Yu 2003	6	276	4	278	3.6%	1.51 [0.43, 5.30]
Zimmermann 1997	0	13	1	13	1.4%	0.33 [0.01, 7.50]

(%

Total events 113 95
Heterogeneity: $\text{Chi}^2 = 13.19$, $\text{df} = 15$ ($P = 0.59$); $I^2 = 0\%$
Test for overall effect: $Z = 1.02$ ($P = 0.31$)

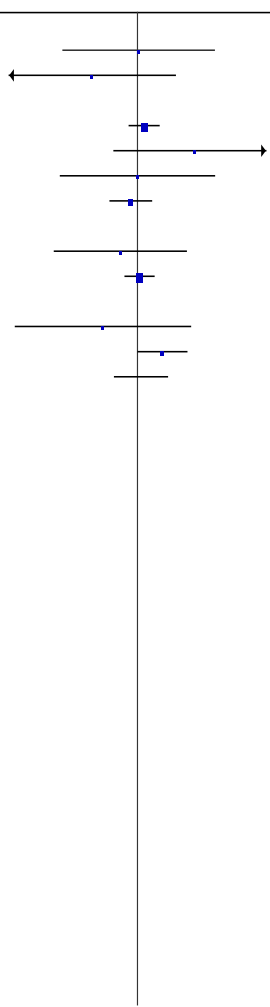
Azar 1990	0	46	0	45		Not estimable
Beaufils 1985	0	48	4	45	4.2%	0.10 [0.01, 1.88]
Railton 1988	2	30	1	14	1.2%	0.93 [0.09, 9.45]
Rogov 1993	0	31	4	33	4.0%	0.12 [0.01, 2.11]

(%

Total events 2 9
Heterogeneity: $\text{Chi}^2 = 1.93$, $\text{df} = 2$ ($P = 0.38$); $I^2 = 0\%$
Test for overall effect: $Z = 2.11$ ($P = 0.03$)

(%

Total events 115 104
Heterogeneity: $\text{Chi}^2 = 18.12$, $\text{df} = 18$ ($P = 0.45$); $I^2 = 1\%$
Test for overall effect: $Z = 0.44$ ($P = 0.66$)
Test for subgroup differences: Not applicable



44. **CLASP (Collaborative Low-Dose Aspirin Study):** CLASP: a randomised trial of low-dose aspirin for the prevention and treatment of pre-eclampsia among 9364 pregnant women. *Lancet*. 1994, 343(8898):619-629.
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87. ... : Expectant management in severe preeclampsia: does magnesium sulfate prevent the development of eclampsia? *A O G S* 1995, **74**(3):181-185.
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90. ... : The risk of adverse pregnancy outcomes is increased in preeclamptic women who smoke compared with nonpreeclamptic women who do not smoke. *A J O G* 2010, **203**(4):334-338.
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doi:10.1186/1471-2458-11-S3-S6

Cite this article as: ... : Impact of interventions to prevent and manage preeclampsia and eclampsia on stillbirths. *BMC P H* 2011 **11**(Suppl 3): 6.

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