Phoenix

Pre-eclampsia in Hospital: Early Induction or Expectant Management

Phoenix Trial Results 2 year follow up

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We are delighted to tell you that the results of the 2 year follow up for the Phoenix study have now been published. Firstly and most importantly we would like to thank you for helping to make this possible. Without your support, we would not have been able to research this important area.

Why did we do this trial?

We know that pre-eclampsia is a common condition and can cause serious illness in a pregnant woman or baby. It is unclear how we should best advise women about the timing of delivery if they develop the condition between 34 and 37 weeks of pregnancy. We wanted to compare planned early birth and usual clinical practice (that is, planning birth at 37 weeks of pregnancy, or sooner if needed for clinical reasons).

What did we do?

Between September 2014 and December 2018, 901 women with pre-eclampsia between 34 and 37 weeks of pregnancy agreed to take part. Half of the women were randomised to planning the birth of their babies within 48 hours and half were randomised to watching and waiting. During the study we collected pregnancy and birth information and health outcomes for the mother and the baby for 2 years after birth.

What did we find?

We found that planned early birth is better for these women, with fewer complications such as severely high blood pressure. We found that more babies in the planned birth group were admitted to the neonatal unit, mainly because they were premature, but they did not have more complications such as breathing problems and they did not stay longer in the unit. At 2 years old, the babies had very similar scores for development, with the average scores for both groups in the normal range.

What does this mean for women with pre-eclampsia?

Women with pre-eclampsia and their doctors will be able to make better decisions about the timing of delivery. Because the number of complications was reduced, and there was no difference in complications for the baby (though more babies were admitted to the neonatal unit), women and their doctors may use this information to share decision-making around timing of delivery.

You can read more about the findings of the PHOENIX trial by visiting:
https://doi.org/10.3310/CWWH0622

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