

NEWS RELEASE

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Standardizing physician practice reduces risk of severe complications of pre-eclampsia in pregnant women

Pre-eclampsia is the world's leading cause of death for pregnant women

(Vancouver – July 4, 2007) – Researchers at the Child & Family Research Institute (CFRI) and BC Women's Hospital & Health Centre have found that standardizing the way doctors assess and care for pregnant women admitted to hospital reduces the incidence of severe complications of pre-eclampsia from 5.1 per cent to 0.7 per cent. Pre-eclampsia is a type of hypertension that arises during pregnancy and it is a common cause of death for pregnant women around the world. Untreated, it disturbs the lining of the blood vessels, disrupts the blood's ability to clot, causes red blood cells to burst, and can result in sepsis-like condition and multiple organ failure for the mother. Since it's triggered by the placenta, the organ that nourishes the baby in utero, the only cure is to deliver the baby. Although early delivery best protects the mother's life and well-being, it can be risky for the baby.

“With the standing orders, we can safely prolong the pregnancy, which is better for the baby when pre-eclampsia arises very early,” says Dr. Peter von Dadelszen, the study's principal investigator, scientist at CFRI, consultant in maternal-fetal medicine at BC Women's, and associate professor of obstetrics and gynaecology at the University of British Columbia. “The orders are a standard batch of timed tests and assessments that give us a way of catching the evolution of pre-eclampsia early so that we can determine more precisely when early delivery is needed.”

The study is published in the July issue of the journal *Obstetrics & Gynecology*.

The researchers introduced the standing orders at BC Women's on September 1, 2003 and these were used in the care of 405 women, of whom only 0.7% had developed severe complications due to pre-eclampsia.

For comparison, the researchers reviewed the charts of 295 women admitted to BC Women's between January, 2000 and December 2001, and saw that 5.1% of the women had the same severe complications.

Facilities across British Columbia are now implementing the standing orders, which are informing the new national guidelines of the Society of Obstetricians and Gynaecologists of Canada.

“When we made the discovery, we were actually setting up a study to identify pregnant women's risk of developing complications from pre-eclampsia,” says Dr. von Dadelszen.

“As part of the study protocol, we introduced the standing orders. We were surprised and delighted to discover that as a result, the complications largely disappeared because we were able to more appropriately time the intervention of delivering the baby.”

Dr. von Dadelzen leads the PIERS (Pre-eclampsia Integrated Assessment of Risk) project, which aims to develop an evidence-based way of categorizing women’s risk for pre-eclampsia.

It is estimated that pre-eclampsia affects at least 5-8 per cent of pregnancies. Each year, about 40,000 babies are born in British Columbia and nearly 340,000 babies are born across the country.

The study is funded by the Canadian Institutes of Health Research, The Michael Smith Foundation for Health Research, the Child & Family Research Institute, and BC Women’s Hospital & Health Centre, an agency of the Provincial Health Services Authority.

The Child & Family Research Institute (CFRI) conducts discovery research to benefit the health of children and families. It is the largest research institute of its kind in Western Canada. CFRI works in close partnership with the University of British Columbia, BC Children’s Hospital and Sunny Hill Health Centre for Children, BC Women’s Hospital & Health Centre, agencies of the Provincial Health Services Authority, and the BC Children’s Hospital Foundation. For more information, visit www.cfri.ca.

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