**Chronic hypertension in young women – are we adequately preparing for pregnancy?**

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**Introduction.** Obstetric risk is higher in women with chronic hypertension (CHTN), and control of blood pressure (BP) preconception is associated with better outcomes. Both hypertension and obstetric guidelines support preconception optimisation, including screening for causes of secondary hypertension (2HTN), though this does not often occur. Furthermore, data accuracy is limited.

**Aim.** To investigate preconception and early-pregnancy hypertension management and associated pregnancy outcomes in women with CHTN.

**Methods.** We conducted a cohort study of pregnancies in women with CHTN at two obstetric centres in Melbourne from 2008-2024. Clinical data were collected on maternal demographics, anti-hypertensive use, CHTN duration, secondary hypertension (2HTN) screening, and obstetric and perinatal outcomes.

**Results.** Among 82,083 deliveries, 492 pregnancies were affected by CHTN. 67 women (14%) were first identified as having CHTN at the beginning of their pregnancy, suggesting poor preconception care. Overall, blood pressure control at pregnancy booking visit was suboptimal, with 148 women (30%) having a systolic BP (SBP) >135mmHg. Every 1mmHg increase in SBP corresponded to a 2% increase in odds of preeclampsia (p=0.009). 265 women (54%) were on antihypertensive medication at conception and were more likely to have a SBP under target (73% vs 54%, p<0.001). Of these women, 76 (29%) were on an ACE inhibitor/angiotensin receptor blocker and, while 46 (61%) ceased these before 8 weeks’ gestation, 6 (8%) were not stopped until the second trimester. Screening for 2HTN became more common over time, however in 273 pregnancies (55%), an underlying cause was not considered. A partial or full 2HTN screen was undertaken in 188 pregnancies (38%) with renal disease the most common cause (34 pregnancies, 18%).

**Discussion.** Opportunity to optimise pregnancy outcomes was missed in many pregnancies, despite 76% being planned. This study demonstrates missed preconception and early-pregnancy opportunities for improving pregnancy outcomes in women with CHTN. As highlighted in this study, preconception care and planning should focus on improving blood pressure control, use of pregnancy-safe medications and screening for secondary causes of CHTN.