

Renal function tests stratify risk in pregnant women with HTN

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adjusted odds ratio, 7.5) and with creatinine of 0.75 mg/dL or greater (15.7 versus 4.6 percent; adjusted odds ratio, 3.5). For those with both baseline tests below cut-off, only 1.6 percent had severe preeclampsia at less than 34 weeks of gestation.

"Baseline assessment of renal function can be used as a risk stratification tool in pregnant patients with [chronic hypertension](#)," the authors write.

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(HealthDay)—Baseline renal function tests can stratify the risk of severe preeclampsia in pregnant women with chronic hypertension, according to a study published in the July issue of *Obstetrics & Gynecology*.

Spencer G. Kuper, M.D., from the University of Alabama at Birmingham, and colleagues examined the correlation between baseline renal function tests and adverse pregnancy outcomes in a cohort of women with a singleton pregnancy and chronic hypertension. Baseline renal function assessment data were available for 755 [pregnant women](#) with chronic hypertension.

The researchers found that for urine protein-to-creatinine ratio and for creatinine, the area under the receiver operating characteristic curves for severe preeclampsia was 0.74 and 0.67, respectively. The risk of developing severe preeclampsia at less than 34 weeks of gestation was increased with a urine protein-to-creatinine ratio of 0.12 or greater (16.4 versus 2.6 percent;

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