APPENDIX S5: Summary of main results for included studies (n=39)

ANTIHYPERTENSIVE MEDICATIONS (18 studies)

Calcium channel blockers

BARTON 1990[32]
  Population: Postnatal women with severe pre-eclampsia
  Setting: Tertiary referral centres, USA
  Intervention: Nifedipine 10mg PO 4-hourly for 48 hours
  Comparison: Placebo

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP (18-24 hours after birth)	Nifedipine group 93.9±1.6mmHg, placebo group 100.2±2.6mmHg. Difference -6.3mmHg ($p<0.05$).	31 (16 intervention, 15 control); follow-up complete for all participants	Double-blind RCT; overall low risk of bias

VERMILLION 1999[21]
  Population: Antenatal and postnatal women with severe pre-eclampsia or super-imposed pre-eclampsia
  Setting: Tertiary referral centres (USA)
  Intervention: Nifedipine 10mg stat PO then 20mg every 20 minutes until BP <160/110mmHg or max 5 doses (90mg) + IV placebo
  Comparison: Labetalol 20mg, then 40mg, then 80mg IV every 20 minutes until BP <160/110mmHg or max 5 doses (300mg) + PO placebo

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (time to target <160/100mmHg)	Nifedipine group 25.1±13.6 minutes, labetalol group 43.6±25.4 minutes. Difference -18.5 minutes ($p=0.002$).	50 (21 postnatal: 10 intervention, 11 control); follow-up complete for all participants	Double-blind RCT; overall high risk of bias (other bias); small number of postnatal women (42%) (n<30): unable to obtain data for postnatal subgroup

SAYIN 200534
  Population: Postnatal women with pre-eclampsia, severe pre-eclampsia, superimposed pre-eclampsia or eclampsia
  Setting: Tertiary referral centres (Turkey)
  Intervention: Nifedipine 10mg PO 6-hourly until BP <150/100mmHg for 48 hours
  Comparison: Methyldopa 250mg PO 8-hourly

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (time to target <150/100mmHg)	Nifedipine group 6.7±2.5 days; methyldopa group 8.6±5.5 days. Difference -1.9 days (NS).	83 (42 intervention, 41 control); follow-up complete for all participants	Open-label RCT; overall high risk of bias (multiple domains)

Vasodilators

PALOT 1979[36]
  Population: Postnatal women with 'arterial hypertensions of labour and the postpartum period'
  Setting: Not specified (France)
  Intervention: Hydralazine 5mg IV stat then 1% IV infusion, furosemide 20mg IV stat and 30% hypertonic glucose
  Comparison: Clonidine IV and furosemide 20mg IV stat

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
Maternal morbidity (development of pre-eclampsia with severe features)	Hydralazine group: no women developed eclampsia, clonidine group: 2 women developed eclampsia. No statistical analysis.	54 (11 intervention, 24 control, 19 non-systematic treatment); completeness of follow-up not specified	Retrospective cohort study; overall high risk of bias (comparability); no statistical analysis

GRIFFIS 1989[38 39]
  Population: Postnatal women with pre-eclampsia
  Setting: Tertiary referral centres (USA)
  Intervention: Hydralazine 20mg IM 6-hourly for 24h
  Comparison: Methyldopa 250mg IV 6-hourly for 24h

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP (mean at 6 and 12 hours)	6 hours: hydralazine group 104.5mmHg, methyldopa group 112mmHg. Difference -7.5mmHg ($p=0.0057$). 12 hours: hydralazine group 100mmHg, methyldopa group108mmHg. Difference -8mmHg (NS).	26 (12 intervention, 14 control); follow-up complete for all participants	Open-label RC; overall high risk of bias (multiple domains); small sample size (n<30)

WALSS RODRIGUEZ 1991[40]
  Population: Postnatal women with severe pre-eclampsia
  Setting: Not specified (Mexico)
  Intervention: Hydralazine 40mg PO 6-hourly, duration not specified + if DBP >110mmHg PRN nifedipine 10mg sublingual every 30 minutes, to maximum of 3 doses (30mg)
  Comparison: Nifedipine 10mg sublingual every 30 minutes if DBP ≥110mmHg

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP (mean)	Hydralazine group 143.6mmHg, nifedipine group138.0mmHg. Difference 5.6mmHg (NS).	38 (18 intervention, 20 control); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains)

BEGUM 2002[17]

  Population: Antenatal and postnatal women with eclampsia
  Setting: Tertiary referral centres (Bangladesh)
  Intervention: Hydralazine 5mg then 2mg IV bolus every 15 minutes until DBP 90-95mmHg
  Comparison: Hydralazine 20mg /200ml normal saline IV infusion; 10 drops per min, increased by 5 drops at 15 min intervals; until DBP 90-95mmHg

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
DBP (time to target 90-95mmHg)	Bolus hydralazine group 65.23±23.38 minutes, hydralazine infusion group 186.36±79.77 minutes. Difference -121.13 minutes (*p*<0.001).	77 (15 postnatal: 9 intervention, 6 control); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains); small number of postnatal women (19%) (n<30): unable to obtain data for postnatal subgroup

VIGIL DE GRACIA 2007[35]

  Population: Postnatal women with severe gestational hypertension, severe pre-eclampsia or super-imposed pre-eclampsia
  Setting: Tertiary referral centres (Panama)
  Intervention: Hydralazine 5mg IV every 20 minutes until BP <160/110mmHg or maximum 5 doses
  Comparison: Labetalol 20mg, then 40mg, then 80mg IV every 20 minutes until BP <160/110mmHg or maximum 5 doses (300mg)

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (persistent hypertension >=160/110mmHg after 5 doses of medication)	Hydralazine group 0/42, labetalol group 1/40 (NS).	82 (42 intervention, 40 control); follow-up complete for all participants	Open-label RCT; overall high risk of bias (multiple domains)

HENNESSY 2007[23]

  Population: Antenatal and postnatal women with pre-eclampsia, superimposed pre-eclampsia or essential hypertension
  Setting: Tertiary referral (Australia)
  Intervention: Diazoxide 15mg IV every 3 minutes, until target BP (140/90mmHg) reached or maximum cumulative dose 300mg
  Comparison: Hydralazine 5mg IV every 20 minutes, until target BP (140/90mmHg) reached or maximum cumulative dose 15mg

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (proportion achieving target BP <=140/90mmHg)	Diazoxide group 67%, hydralazine group 43% (*p*<0.01). RR 0.637 (95% CI 0.46 to 0.89) for not reaching target BP with intervention.	124 total (37 postnatal: 11 intervention, 16 control); follow-up complete for all participants	Open-label RCT; overall high risk of bias (multiple domains); small proportion of postnatal women (30%): unable to obtain data for postnatal subgroup

Beta-blockers

GARDEN 1982[24]

  Population: Antenatal and postnatal women with severe pre-eclampsia or eclampsia
  Setting: Tertiary referral (South Africa)
  Intervention: Labetalol 200mg/200ml 5% dextrose, 20mg/h IV infusion, doubled every 30 minutes until DBP <100mmHg or maximum dose 160mg/hour
  Comparison: Dihydralazine 100mg/200ml 5% dextrose, 10mg/h IV infusion, doubled every 30 minutes until DBP <100mmHg or maximum dose 80mg/hour

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
DBP (proportion achieving target DBP 90-100mHg within 2 hours)	Labetalol group 5/6, dihydralazine group 2/6. No statistical analysis.	12 total (6 postnatal: 3 intervention, 3 control); follow-up complete for all participants	RCT (blinding not specified); overall high risk of bias (other bias); very small sample size (n<15): unable to obtain data for postnatal subgroup

FIDLER 1982[42]

  Population: Postnatal women with gestational hypertension
  Setting: Tertiary referral (UK)
  Intervention: Timolol 5mg PO 8-hourly for 9 days
  Comparison: Methyldopa 250mg PO 8-hourly for 9 days

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
DBP (day 1)	Timolol group 88.7mmHg, methyldopa group 93.8mmHg. Difference -5.1mmHg (*p*<0.05).	80 (40 intervention, 40 control); follow-up complete in 79/80 (99%)	RCT (blinding not specified); overall high risk of bias (multiple domains)

MABIE 1987[22]

  Population: Antenatal and postnatal women with pre-eclampsia, superimposed pre-eclampsia, eclampsia or essential hypertension
  Setting: Tertiary referral (USA)
  Intervention: Labetalol 20mg IV every 10 minutes then escalating until DBP <100mmHg or maximum cumulative dose reached (300mg)
  Comparison: Hydralazine 5mg IV every 10 minutes until DBP <100mmHg

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP (mean maximal decrease)	Labetalol group 25.5±11.2mmHg, hydralazine group 33.3±13.2mmHg. Difference -7.8mmHg (*p*=0.02).	60 (41 postnatal: 27 intervention, 14 control); follow-up complete for all participants	Open-label RCT; overall high risk of bias (multiple domains)

SHUMARD 2016[41]
   Population: Postnatal women with gestational hypertension or pre-eclampsia
   Setting: Not specified (USA)
   Intervention: Labetalol PO (variable dose and frequency)
   Comparison: Nifedipine PO (variable dose and frequency)

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
Length of hospital stay after delivery	Labetalol group 3.5 days, nifedipine group 3.6 days. Difference -0.1 days (NS).	128 (42 intervention, 86 control); follow-up complete for all participants	Retrospective cohort study; overall high risk of bias (comparability); conference abstract only, authors did not provide further data

SHARMA 2017[27][28]
   Population: Postnatal women with gestational hypertension or pre-eclampsia
   Setting: Tertiary referral (USA)
   Intervention: Labetalol 200mg PO 12-hourly
   Comparison: Nifedipine XL 30mg PO once daily

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (time to sustained BP control: absence of severe hypertension for >=12 hours)	Labetalol group 37.6 hours, nifedipine group 38.2 hours. Difference -0.6 hours (NS).	50 (25 intervention, 25 control); follow-up complete for all participants	Open-label RCT; overall high risk of bias (multiple domains)

Other antihypertensive medications			

GAISIN 2013[25]
   Population: Postnatal women with pre-eclampsia, super-imposed pre-eclampsia or essential hypertension
   Setting: Not specified (Russia)
   Intervention: Indapamide 1.5mg PO OD, duration unclear
   Comparison: Adjusted dose methyldopa

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP	Indapamide group 113±6/74±4mmHg, methyldopa group 116±5/75±4mmHg. Difference -3/+1mmHg (NS).	30 (15 intervention, 15 control); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains); conference abstract only, authors did not provide further data

GAISIN 2014[37]
   Population: Postnatal women with pre-eclampsia
   Setting: Not specified (Russia)
   Intervention: Indapamide 1.5mg PO once daily + ursodeoxycholic acid 250mg PO three times daily, duration unclear
   Comparison: Adjusted dose methyldopa

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP	Indapamide group 122±6/75±4 mmHg, methyldopa group 126±6/78±5mmHg. Difference -4/-3mmHg (NS).	30 (allocation not described); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains); conference abstract only, authors did not provide further data; number of participants in each group not stated

KREBS 1956[43][44]
   Population: Postnatal women with gestational hypertension, pre-eclampsia, severe pre-eclampsia or eclampsia
   Setting: Not specified (Germany)
   Intervention: Reserpine 0.25mg PO or intramuscular 6-8 hourly for 7 days
   Comparison: Phenobarbital

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (maximal reduction)	Reserpine halved time to maximal BP reduction (no further details reported). No statistical analysis.	140 (70 intervention, 70 control); completeness of follow-up not specified	Retrospective cohort study; overall high risk of bias (selection and outcome assessment); no statistical analysis

NORONHA NETO 2016[29-31]
   Population: Postnatal women with severe HDP
   Setting: Tertiary referral (Brazil)
   Intervention: Clonidine 0.1mg PO repeated every 20 minutes to max 6 doses
   Comparison: Captopril 25mg PO repeated every 20 minutes to max 6 doses

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (episodes SBP ≥180mmHg and/or DBP ≥110mmHg)	Clonidine group 2.1±2.1 episodes, captopril group 3.5±4.7 episodes. Difference -1.4 episodes (NS).	90 (45 intervention, 45 control); completeness of follow-up not specified	Double-blind RCT; overall low risk of bias

DIURETICS (4 studies)

MATTHEWS 1997[46]
Population: Postnatal women with severe pre-eclampsia or eclampsia
Setting: Tertiary referral centres (UK)
Intervention: Furosemide 40mg PO once daily for 7 days
Comparison: Placebo

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP (decrease)	Intervention group -10.6mmHg, control group -9.75mmHg. Difference -0.85mmHg (NS).	19 (10 intervention, 9 control); follow-up complete in 18/19 (95%)	Double-blind RCT; overall high risk of bias (other bias); small sample size (n<30)

ASCARELLI 2005[16]
Population: Postnatal women with pre-eclampsia, severe pre-eclampsia or superimposed pre-eclampsia
Setting: Tertiary referral centres (USA)
Intervention: Furosemide 20mg PO once daily + potassium 20mEq PO once daily for 5 days
Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP	No significant difference between groups (details not reported). Severe pre-eclampsia (n=70) day 2 SBP furosemide group 142±13mmHg, usual care group 153±19mmHg. Difference -11mmHg ($p<0.004$).	264 (132 intervention, 132 control); completeness of follow-up not specified.	Open-label RCT; overall high risk of bias (multiple domains)

AMORIM 2015[45]
Population: Postnatal women with severe pre-eclampsia
Setting: Tertiary referral (Brazil)
Intervention: Furosemide 40mg PO once daily for maximum 5 days
Comparison: Placebo

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP	Furosemide group had significantly improved SBP + DBP. Magnitude of difference not reported ($p<0.001$).	120 (allocation not described); follow-up complete in 118/120 (98%).	Double-blind RCT; overall high risk of bias (reporting bias); conference abstract only, authors did not provide further data; number of participants in each group not stated

VEENA 2017[19]
Population: Postnatal women with severe pre-eclampsia
Setting: Tertiary referral centre (India)
Intervention: Furosemide 10mg PO once daily plus nifedipine 10mg PO three times daily for 3 days
Comparison: Nifedipine 10mg PO three times daily for 3 days

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP	No significant difference between groups (absolute values and differences not reported, $p=0.457$ for SBP and $p=0.642$ for DBP).	100 (50 intervention, 50 control); follow-up complete in 98/100 (98%)	Open-label RCT; overall high risk of bias (multiple domains)

OTHER DRUGS (7 studies)

Selective 5-HT antagonists

WEINER 1982[48]
Population: Postnatal women with severe pre-eclampsia
Setting: Tertiary referral (USA)
Intervention: R41468 IV (dose not specified) bolus then infusion for 90 minutes
Comparison: Placebo

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP (mean maximal decline)	SSRI group -31.6mmHg, placebo group -6.0mmHg. Difference -25.6mmHg (p<0.001).	5 (crossover); follow-up complete in all participants	Double blind RCT (crossover); overall high risk of bias (other bias); conference abstract only, authors did not provide further data; very small sample size (n<15)

WEINER 1984[49]

    Population: Postnatal women with pre-eclampsia and super-imposed pre-eclampsia
    Setting: Tertiary referral (USA)
    Intervention: Ketanserin 10mg IV bolus then 4mg/hr IV infusion. Repeat bolus after 5 minutes if no response.
    Comparison: Placebo

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (mean maximal decline)	SSRI group -41/-34mmHg, placebo group -7/-7mmHg. Difference -34/-27mmHg (p<0.001).	20 (crossover); follow-up complete in all participants	Double blind RCT (crossover); overall high risk of bias (other bias); small sample size (n<30)

MONTENEGRO 1985[50]

    Population: Postnatal women with pre-eclampsia
    Setting: Tertiary referral (USA)
    Intervention: Ketanserin 10mg IV bolus, repeated if no response. If no response to second bolus IV infusion 4mg/hr (increments of 2mg/hr every 10 minutes to max 12mg/hr).
    Comparison: Placebo

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	SSRI group had significantly improved MAP, over 30 minutes after drug administered. F = 9.66 (*p*<0.01)	30 (crossover); follow-up complete in 23/30 (77%)	Double blind RCT (crossover); overall high risk of bias (multiple domains)

Alternative therapies

HLADUNEWICH 2006[51]

    Population: Postnatal women with pre-eclampsia
    Setting: Tertiary referral (USA)
    Intervention: L-arginine 3.5g PO four times daily OR L-arginine 10g IV three times daily (if unable to take PO) for 3-9 days postpartum
    Comparison: Placebo

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	Day 3: L-arginine group 102±12mmHg, placebo group 103±12mmHg. Difference -1mmHg (NS). Day 10: L-arginine group 98±14mmHg, placebo group 96±1mmHg. Difference 2mmHg (NS).	45 (22 intervention, 23 control); follow-up complete in 39/45 (87%)	Double blind RCT; overall high risk of bias (multiple domains)

LIU 2009[52]

    Population: Postnatal women with severe pre-eclampsia
    Setting: District general (China)
    Intervention: Shengkangbao 10g PO or IV twice daily for 3 weeks
    Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
Percentage of cases with positive albuminuria	3 weeks: shengkangbao group 0.7+/-0.8% positive albuminuria, usual care group 1.5+/-0.9%. Difference -0.8% (*p*<0.01).	77 (allocation not described); follow-up complete in 72/77 (94%)	Open-label quasi-randomised study; overall high risk of bias (multiple domains)

Steroids

BARRILLEAUX 2005[53 54]

    Population: Postnatal women with severe pre-eclampsia and eclampsia
    Setting: Tertiary referral (USA)
    Intervention: Dexamethasone 10mg x2, then 5mg x 2 IV 12-hourly for 48 hours
    Comparison: Placebo (IV saline)

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
Antihypertensive medication requirement	Dexamethasone group 38/77 (49%), placebo group 31/80 (39%) required antihypertensive treatment in the first 48h PN. Difference 10% (NS).	157 (77 intervention, 80 control); follow-up complete in 155/157 (99%)	Double blind RCT; overall high risk of bias (reporting bias)

Atrial natriuretic peptide

SHIGEMITSU 2015[47]

    Population: Postnatal women with severe pre-eclampsia, HELLP syndrome or placental abruption
    Setting: Tertiary referral (Japan)
    Intervention: Carperitide (no further details supplied)
    Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	Carperitide group had significantly improved MAP at 48 hours. Magnitude of difference not reported, no *p* value presented.	16 (6 intervention, 10 control); follow-up complete for all participants	Retrospective cohort study; overall high risk of bias (comparability); conference abstract only, authors did not provide further data; small sample size (n<30)

UTERINE CURETTAGE (8 studies)

SALVATORE 1967[58]
  Population: Postnatal women with severe pre-eclampsia or eclampsia
  Setting: Tertiary referral (Brazil)
  Intervention: Uterine curettage
  Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
SBP + DBP (proportion achieving target <140/90mmHg)	24 hours: curettage group 45%, usual care group 11%. No statistical analysis. 48 hours: curettage group 70%, usual care group 29%. No statistical analysis.	48 (20 intervention, 28 control; follow-up complete for all participants	Prospective cohort study; overall high risk of bias (comparability); significant differences in study groups (9/20 intervention group eclamptic at enrolment, 28/28 control group)

MAGANN 1993[59]
  Population: Postnatal women with severe pre-eclampsia
  Setting: Tertiary referral (USA)
  Intervention: Uterine curettage
  Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	Curettage group had significantly improved MAP to 24 hours after birth. Difference -6 to -10mmHg (16 hours $p<0.0002$).	32 (16 intervention, 16 control); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains)

MAGANN 1994[60]
  Population: Postnatal women with severe pre-eclampsia
  Setting: Tertiary referral (USA)
  Intervention: Uterine curettage
  Comparison: Oral nifedipine OR no intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	Curettage group had significantly improved MAP 8-48 hours after birth. Difference -9 to -13mmHg ($p=0.0017$). No difference between curettage and nifedipine.	45 (15 intervention, 15 each control group); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains)

GOCMEN 1996[57]
  Population: Postnatal women with pre-eclampsia
  Setting: Tertiary referral (Turkey)
  Intervention: Uterine curettage
  Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	Curettage group had significantly improved MAP to 24 hours after birth. Magnitude of difference not reported ($p=0.01$).	50 (30 intervention, 20 control); completeness of follow-up not specified	Prospective cohort study; overall high risk of bias (comparability and outcome assessment); conference abstract only, authors did not provide further data

GOMEZ 2005[61]
  Population: Postnatal women with severe pre-eclampsia
  Setting: Tertiary referral (Peru)
  Intervention: Uterine curettage
  Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	Intervention group had significantly improved MAP. Time point not specified. Magnitude of difference not reported ($p<0.001$).	86 (27 intervention, 59 control); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains); conference abstract only, authors did not provide further data

ALKAN 2006[62]
  Population: Postnatal women with severe pre-eclampsia
  Setting: Tertiary referral (Turkey)
  Intervention: Uterine curettage
  Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	24 hours: curettage group 103.4±7.8mmHg, usual care group 110.2±4.8. Difference -6.8mmHg ($p<0.05$).	56 (31 intervention, 25 control); follow-up complete for all participant	Open-label RCT; overall high risk of bias (multiple domains)

RAGAB 2013[15]

    Population: Postnatal women with severe pre-eclampsia or eclampsia
    Setting: Tertiary referral (Egypt)
    Intervention: Uterine curettage
    Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	6 hours: curettage group 140.1±6.12mmHg, usual care group 152.4±3.7mmHg. Difference -12.3mmHg (p=0.02). 24 hours: curettage group 101.4±7.14mmHg, usual care group 110.6±2.22mmHg. Difference -9.2mmHg (p=0.01).	420 (220 intervention, 200 control); follow-up complete for all participants	Open-label RCT; overall high risk of bias (multiple domains)

MALLAPUR 2015[18]

    Population: Postnatal women with severe pre-eclampsia or eclampsia
    Setting: Tertiary referral (India)
    Intervention: Uterine curettage
    Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
MAP	From 4 hours after birth: curettage group 116±4.4mmHg, usual care group 123.6±6.1mmHg. Difference -7.6mmHg (p<0.001).	100 (50 intervention, 50 control); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains); conference abstract only, authors did not provide further data

ORGANISATION OF CARE (2 studies)

YORK 1997[26]

    Population: Postnatal women with pre-eclampsia or essential hypertension, or diabetes
    Setting: Tertiary referral (USA)
    Intervention: Nurse specialist follow-up
    Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
Postnatal readmission to secondary care	No significant difference between groups.	96 (44 intervention, 52 control); completeness of follow-up not specified	Open-label RCT; overall high risk of bias (multiple domains); population mixed diabetes and/or hypertension – unable to separate

BIBBO 2014[33]

    Population: Postnatal women with pre-eclampsia
    Setting: Tertiary referral (USA)
    Intervention: Specialised postpartum clinic
    Comparison: No intervention

Primary outcome	Treatment effect	Number of participants	Quality of the evidence
Postnatal readmission to secondary care and triage visits	Clinic group 21.7%, usual care group 8.7%. Difference 13% (p<0.039).	138 (69 intervention, 69 control); completeness of follow-up not specified.	Retrospective cohort study; overall high risk of bias (comparability); conference abstract only, authors did not provide further data