

Supplementary file 1

Chronic hypertension in pregnancy – healthcare professional survey

Respondents	Number (97)	Percentage %
Obstetrician	69	71.1
Of which are consultants	53	55
Midwife	28	28.9
Of which are specialist/ senior midwife	22	22.7
NHS hospital trusts represented (including England, Northern Ireland, Scotland and Wales)	69	-

Question 1: If you see a pregnant woman with chronic hypertension who is currently taking either ACEIs or ARBs (e.g. at the beginning of pregnancy), how often would you ask her to stop taking them?

Response	Number (97)	Percentage (%)
Always	57	57.8
Almost always	27	27.8
About two thirds of the time	1	1
About half of the time	4	4.1
About a third of the time	0	0
Very rarely	1	1
Never	3	3.1
Missing	4	4.1

Question 2: What do you usually use as your first line anti-hypertensive treatment(s) for women with chronic hypertension in pregnancy?

Anti-hypertensive (non-exclusive)	Number (97)	Percentage (%)
Labetalol	85	87.6
Methyldopa	29	29.9
Nifedipine	32	33.0
Amlodipine	2	2.1

Question 3: What additional anti-hypertensive medication do you use for treating women with chronic hypertension in pregnancy?

Anti-hypertensive (non-exclusive)	Number (97)	Percentage (%)
Amlodipine	37	38.1
Atenolol	2	2.1
Doxazosin	23	23.7
Enalapril	1	1.0
Hydralazine (oral)	2	2.1
Labetalol	38	39.2
Methyldopa	60	61.9
Metoprolol	1	1.0
Nifedipine	79	81.4

Question 4: How frequently do you set a blood pressure target for women with chronic hypertension in pregnancy who need anti-hypertensive treatment (assuming no other co-morbidity) (mmHg)?

Answer	Number (97)	Percentage %
Always	36	37.1
Almost always	36	37.1
About two thirds of the time	8	8.2
About half of the time	3	3.1
About a third of the time	4	4.1
Very rarely	3	3.1
Never	1	1.0
Other	6	6.2
In the guidelines but compliance unknown	2	
Frequency not described	4	

Question 5: What blood pressure target do you usually set for pregnant women with chronic hypertension (assuming no other co-morbidity) (mmHg)?

Systolic	Number (97)	Percentage %	Median (IQR1-IQR3)
120	2	2.1	
125	0	0.0	
130	6	6.2	
135	2	2.1	
140	33	34.0	
145	0	0.0	
150	40	41.2	
155	1	1.0	
160	8	8.2	
Missing	4	4.1	
Median			150 (140-150)

Diastolic	Number (97)	Percentage %	Median (IQR1-IQR3)
80	9	9.3	
85	7	7.2	
90	37	38.1	
95	8	8.2	
100	27	27.8	
110	3	3.1	
Missing	5	5.2	
Median			90 (90-100)

Question 6: How often do you prescribe Aspirin for women with chronic hypertension in pregnancy?

Answer	Number (97)	Percentage %
Always	53	54.6
Almost always	36	37.1
About two thirds of the time	5	5.2
About half of the time	2	2.1
Very rarely	1	1.0

Question 7: At what gestation do these women usually receive their first Aspirin prescription?

Answer	Number (97)	Percentage %
Before 12 weeks	41	42.3
12-15+6 weeks	52	53.6
16-19+6 weeks	1	1.0
Missing answer	3	3.1

Question 8: For a woman with uncomplicated chronic hypertension in pregnancy (i.e. no additional risk factors), how many routine fetal growth scans do they receive (excluding nuchal and anomaly scans)?

Additional scans	Number (97)	Percentage %	Median (IQR1-IQR3)
None	4	4.1	
1	12	12.4	
2	23	23.7	
3	37	38.1	
4	21	21.6	
>4	1	1.0	
			3 (2-3)

Question 9: When do you usually plan birth for women with chronic hypertension whose blood pressure is controlled below 160/110?

Gestation	Number (97)	Percentage (%)	Median (IQR1-IQR3)
Before 34 weeks	3	3.1	
34-34+6 weeks	2	2.1	
35-35+6 weeks	2	2.1	
36-36+6 weeks	4	4.1	
37-37+6 weeks	27	27.8	
38-38+6 weeks	36	37.1	
39-39+6 weeks	41	42.3	
40-41 weeks	28	28.9	
Await spontaneous labour	5	5.2	
Other – individualised	4	4.2	
			38.5 (37-39)

Question 10: Involving pregnant women who have chronic hypertension in their pregnancy and birth planning is an important part of the consultation?

Sentiment	Number (97)	Percentage (%)
Agree Strongly	79	81.4
Agree	15	15.5
Slightly Agree	2	2.1
Slightly disagree	0	0.0
Disagree	0	0.0
Disagree Strongly	1	1.0

Question 11: If you wish, can you give an example of how you enable women to be actively involved in their care?

Themes	Number (47)	Percentage %
Total responses	47	
SDM in the following areas		
• Home BP	10	21
• Monitoring BP	6	12.8
• Anti-hypertensives	5	10.6
• Planning birth (induction of labour)	17	36
• Organisation of care	4	8.5
Discussing risks and benefits	2	4.3
How to identify pre-eclampsia	2	4.3

Question 12: In your maternity unit what term/s best describes the antenatal care provided to most women with chronic hypertension?

Care provision	Number (97)	Percentage %
Named consultant-led general antenatal clinic (maternal medicine clinic)	63 (7)	64.9 (7.2)
Consultant-led specialist hypertension in pregnancy clinic	25	25.8
Multi-disciplinary clinic with additional medical professional	20	20.6
Consultant obstetrician and midwife antenatal clinic	15	15.5
Shared-care GP/ obstetrician/ midwife	7	7.2
Specialist midwifery care (e.g. medical conditions team)	6	6.2
Hospital midwifery care	1	1.0
Community based midwifery care	4	4.1
Day assessment unit	2	2.1

Question 13: In your maternity unit when do the pregnant women with chronic hypertension usually first get seen by an obstetrician?

Gestation	Number (97)	Percentage %
Before 12 weeks	24	24.7
12-15+6 weeks	63	64.9
16-27+6 weeks	9	9.3
Missing data	1	1.0

Question 14: Do you or someone in your unit specifically collect and analyse the outcomes of women with chronic hypertension in pregnancy annually?

Response	Number (97)	Percentage (%)
Yes	24	24.7
No	67	69.0
Unsure	4	4.1
Some aspects	2	2.0