

Primary outcomes – prevention trials

L-arginine compared to placebo or no treatment for the prevention of preeclampsia in pregnant women

Patient or population: the prevention of preeclampsia in pregnant women

Intervention: L-arginine

Comparison: placebo or no treatment

| Outcomes | № of participants (studies) Follow-up | Certainty of the evidence (GRADE) | Relative effect (95% CI) | Anticipated absolute effects | |
|---|---------------------------------------|-----------------------------------|-------------------------------|-----------------------------------|--|
| | | | | Risk with placebo or no treatment | Risk difference with L-arginine |
| Preeclampsia - prevention trials | 745 (4 RCTs) | ⊕⊕○○ Low ^{a,b,c,d} | RR 0.52 (0.35 to 0.78) | 204 per 1,000 | 98 fewer per 1,000 (133 fewer to 45 fewer) |
| Severe preeclampsia - prevention trials | 295 (3 RCTs) | ⊕⊕○○ Low ^{c,d,e,f} | RR 0.23 (0.09 to 0.55) | 172 per 1,000 | 133 fewer per 1,000 (157 fewer to 78 fewer) |

***The risk in the intervention group** (and its 95% confidence interval) is based on the assumed risk in the comparison group and the **relative effect** of the intervention (and its 95% CI).

CI: confidence interval; **MD:** mean difference; **RR:** risk ratio

GRADE Working Group grades of evidence

High certainty: we are very confident that the true effect lies close to that of the estimate of the effect.

Moderate certainty: we are moderately confident in the effect estimate: the true effect is likely to be close to the estimate of the effect, but there is a possibility that it is substantially different.

Low certainty: our confidence in the effect estimate is limited: the true effect may be substantially different from the estimate of the effect.

Very low certainty: we have very little confidence in the effect estimate: the true effect is likely to be substantially different from the estimate of effect.

Explanations

a. Only one study has a high risk of bias.

b. 1 out of 4 studies have a high risk of bias

- c. Few events
- d. There are not enough studies to test for publication bias
- e. 2 out of 4 studies have a high risk of bias
- f. Wide confidence interval

Secondary maternal outcomes – prevention trials

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| Cesarean section - prevention trials | 994 (8 RCTs) | ⊕⊕○○ Low ^{c,d,e} | RR 1.00 (0.90 to 1.12) | 516 per 1,000 | 0 fewer per 1,000 (52 fewer to 62 more) |
| Mean diastolic blood pressure - prevention trials | 252 (4 RCTs) | ⊕○○○ Very low ^{c,d,f} | - | | MD 2.57 mmHg lower (5.66 lower to 0.53 higher) |
| Mean systolic blood pressure - prevention trials | 252 (4 RCTs) | ⊕○○○ Very low ^{c,d,f} | - | | MD 2.26 mmHg lower (6.28 lower to 1.76 higher) |
| Adverse effects - prevention trials | 328 (3 RCTs) | ⊕○○○ Very low ^{b,c,d,g} | RR 2.63 (0.95 to 7.32) | 56 per 1,000 | 91 more per 1,000 (3 fewer to 353 more) |

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| Nitric oxide serum level - prevention trials | 169 (3 RCTs) | ⊕⊕○○ Low ^{c,h} | - | | MD 9.22 µmol/L higher (0.9 higher to 17.55 higher) |

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#The absolute risk difference should be interpreted with caution due to the small number of trials and few or no events in either group

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Explanations

a. 1 out of 4 studies have a high risk of bias

b. Few events

c. There are not enough studies to test for publication bias

d. Wide confidence intervals and includes no effect

e. 2 out of 7 studies have a high risk of bias

f. Findings of 1 trial not consistent with the others

g. 2 out of 4 studies have a high risk of bias

h. Wide confidence interval

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| | | | | Risk with placebo or no treatment | Risk difference with L-arginine |
| Preterm birth - prevention trials | 852 (5 RCTs) | ⊕⊕○○ Low ^{a,b,c} | RR 0.57 (0.43 to 0.76) | 265 per 1,000 | 114 fewer per 1,000 (151 fewer to 64 fewer) |
| Mean birth weight - prevention trials | 1391 (14 RCTs) | ⊕⊕○○ Low ^{d,e} | - | | MD 150.13 g higher (56.03 higher to 244.24 higher) |
| Neonatal mortality - prevention trials | 50 (1 RCT) | ⊕○○○ Very low ^{b,c,f} | RR 1.23 (0.31 to 4.94) | 125 per 1,000 [#] | 29 more per 1,000 (86 fewer to 493 more) |
| Neonatal intensive unit admissions - prevention trials | 315 (5 RCTs) | ⊕○○○ Very low ^{b,c,f,g} | RR 0.56 (0.31 to 1.04) | 248 per 1,000 | 109 fewer per 1,000 (171 fewer to 10 more) |
| Stillbirth - prevention trials | 120 (2 RCTs) | ⊕○○○ Very low ^{b,c,f,h} | RR 0.64 (0.27 to 1.53) | 183 per 1,000 [#] | 66 fewer per 1,000 (134 fewer to 97 more) |
| Mean gestational age at birth - prevention trials | 1235 (12 RCTs) | ⊕⊕○○ Low ^{i,j} | - | | MD 0.41 weeks higher (0.06 higher to 0.76 higher) |

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| Fetal growth restriction - prevention trials | 335 (4 RCTs) | ⊕○○○ Very low ^{b,c,f,k} | RR 0.67 (0.39 to 1.16) | 178 per 1,000 | 59 fewer per 1,000 (109 fewer to 28 more) |
| Low birth weight - prevention trials | 153 (2 RCTs) | ⊕⊕○○ Low ^{b,c,f} | RR 0.66 (0.40 to 1.09) | 347 per 1,000 [#] | 118 fewer per 1,000 (208 fewer to 31 more) |
| Neonatal hypoglycemia - prevention trials | 102 (2 RCTs) | ⊕○○○ Very low ^{b,c,f,h} | RR 0.52 (0.27 to 1.02) | 367 per 1,000 [#] | 176 fewer per 1,000 (268 fewer to 7 more) |
| Respiratory distress syndrome - prevention trials | 143 (3 RCTs) | ⊕○○○ Very low ^{b,c,f,k,l} | RR 0.64 (0.36 to 1.14) | 591 per 1,000 | 213 fewer per 1,000 (378 fewer to 83 more) |
| Small for gestational age - prevention trials | 168 (2 RCTs) | ⊕○○○ Very low ^{b,c,h} | RR 0.39 (0.27 to 0.56) | 617 per 1,000 [#] | 376 fewer per 1,000 (450 fewer to 271 fewer) |
| Neonatal infections - prevention trials | 41 (1 RCT) | ⊕○○○ Very low ^{b,c,f} | RR 0.71 (0.16 to 3.10) | 176 per 1,000 [#] | 51 fewer per 1,000 (148 fewer to 371 more) |

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Explanations

- a. Only one study has a high risk of bias.
- b. Few events
- c. There are not enough studies to test for publication bias
- d. 5 out of 14 studies have high risk of bias
- e. Some confidence intervals do not overlap. Considerable heterogeneity ($I^2 = 85.63\%$)
- f. Wide confidence intervals and includes no effect
- g. 1 out of 5 studies have a high risk of bias
- h. 2 out of 3 studies have a high risk of bias
- i. 5 out of 11 studies have high risk of bias
- j. Publication bias suspected, P for egger's test = 0.0162
- k. 2 out of 4 studies have a high risk of bias
- l. Substantial heterogeneity based on I^2