A randomised controlled trial of sildenafil therapy in dismal prognosis early-onset intrauterine growth restriction
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Objective
To determine whether maternal treatment with oral sildenafil improves perinatal outcomes in pregnancies complicated by severe early-onset IUGR without increasing risks to the mother.

Methods
This was a randomised, double blind, placebo controlled trial comparing oral sildenafil 25mg (3 times per day) vs placebo for the treatment of singleton pregnancies between 22+0 and 29+6 weeks of gestation complicated by severe early-onset IUGR defined as an AC or EFW less than 10th centile AND absent or reversed umbilical artery flow. Treatment was given until 31+6 weeks or delivery, whichever came sooner.

Results
A total of 135 pregnant women recruited from 19 UK hospitals were enrolled into the STRIDER study between November 2014 and July 2016. The primary outcome used for sample size calculations is delay in the need to deliver a severely growth restricted fetus. We anticipated a minimum of one week delay, with this timescale being deemed clinically significant The results of this RCT will be disclosed to the participating hospitals in a closed meeting in early June 2017. We have chosen the FMF World Congress to disseminate the results of STRIDER UK for the first time in an open forum.

Conclusion
Not available yet!