# Australasian Collaborative Trial of Vitamin C and Vitamin E supplementation for the prevention of pre-eclampsia

Submission date Recruitment status Prospectively registered 18/03/2005 No longer recruiting [ ] Protocol [ ] Statistical analysis plan Registration date Overall study status 17/06/2005 Completed [X] Results [ ] Individual participant data Last Edited Condition category Pregnancy and Childbirth 27/01/2011

#### Plain English summary of protocol

Not provided at time of registration

#### Contact information

#### Type(s)

Scientific

#### Contact name

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#### Additional identifiers

**Protocol serial number** N/A

# Study information

Scientific Title

#### Acronym

**ACTS** 

#### **Study objectives**

Primary hypotheses:

The primary hypotheses of the study are that vitamin C and E supplementation from 14 weeks gestation in nulliparous women:

- 1. Reduces the incidence of small for gestational age infants
- 2. Reduces the incidence of clinical pre-eclampsia
- 3. Reduces the risk of death or serious adverse outcome for the infant

#### Secondary hypothesis:

The secondary hypothesis is that vitamin C and E supplementation from 14 weeks gestation in nulliparous women reduces the risks of adverse outcomes for the woman up to six weeks postpartum.

Please note that the target number of participants was added as of 10/09/2007.

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Not provided at time of registration.

#### Study design

Randomised controlled trial

#### Primary study design

Interventional

#### Study type(s)

Prevention

#### Health condition(s) or problem(s) studied

Pre-eclampsia

Intrauterine growth restriction

#### **Interventions**

Vitamin C (1000 mg) and Vitamin E (400 IU) daily compared with placebo

#### Intervention Type

Supplement

#### Phase

Not Specified

#### Drug/device/biological/vaccine name(s)

Vitamin C and Vitamin E

#### Primary outcome(s)

- 1. Incidence of small for gestational age infants
- 2. Clinical pre-eclampsia
- 3. Death or serious adverse pregnancy outcome for the infant

#### Key secondary outcome(s))

Severe adverse outcomes for the woman up to six weeks postpartum.

#### Completion date

31/01/2005

# **Eligibility**

#### Key inclusion criteria

All nulliparous women presenting to the antenatal clinic at the collaborating centre with a singleton pregnancy, between 14-22 weeks gestation, a normal blood pressure, and expected to give birth at the collaborating centre. Informed, written consent is necessary and there must be no contraindication to vitamin C or E therapy.

#### Participant type(s)

**Patient** 

#### Healthy volunteers allowed

No

#### Age group

Adult

#### Sex

Female

#### Key exclusion criteria

Women with any of the following: multiple pregnancy, life threatening fetal anomaly on ultrasound, known thrombophilia, chronic renal failure, hemochromatosis, women on heparin, warfarin or antihypertensive therapy.

#### Date of first enrolment

01/12/2001

#### Date of final enrolment

31/01/2005

### Locations

#### Countries of recruitment

Australia

#### Study participating centre

# **University of Adelaide**North Adelaide

Australia 5006

# Sponsor information

#### Organisation

The University of Adelaide (Australia)

#### **ROR**

https://ror.org/00892tw58

# Funder(s)

#### Funder type

Research council

#### **Funder Name**

National Health and Medical Research Council 207744

## **Results and Publications**

Individual participant data (IPD) sharing plan

#### IPD sharing plan summary

Not provided at time of registration

#### **Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	27/04/2006		Yes	No
Results article	results	30/07/2008		Yes	No
Results article	results	17/09/2010		Yes	No