

Table 1. Studies comparing the incidence of hypertensive disorders according to the modality of endometrial preparation.

Authors, year, citation	Country	Criteria for allocation	N. of women		Preeclampsia			Gestation hypertension			Any hypertensive disorder		
			HRT	Natural	HRT	Natural	p	HRT	Natural	p	HRT	Natural	p
von Versen-Hoyneck <i>et al.</i> , 2019 [6]	USA	n.r.	94	127	12.8%	4.8%	0.008	3.2%	2.8%	n.s.	16.0%	7.1%	0.02
Ginström Ernstad <i>et al.</i> , 2019 [7]	Sweden	n.r. ^a	1,446	6,297	8.2%	4.4%	<0.001	2.4%	1.7%	n.s.	10.5%	6.1%	<0.001
Saito <i>et al.</i> , 2019 [8]	Japan	n.r. ^a	24,225	10,755							4.0%	3.0%	<0.001
Jing <i>et al.</i> , 2019 [9]	China	Mixed ^b	1,025	3,872							7.2 %	4.2%	<0.001
Wang <i>et al.</i> , 2020 [10]	China	n.r.	4,162	10,211	8.6%	3.8 %	<0.001						
Makhijani <i>et al.</i> , 2020 [11]	USA	Mixed ^c	391	384							15.3%	6.3%	<0.001
Hu <i>et al.</i> , 2021 [12]	China	Clinical ^d	2,561	3,79							5.5%	2.0%	<0.001
Asserhøj <i>et al.</i> , 2021 [13]	Denmark	n.r. ^a	357	779	9.5%	4.0%	<0.001	10.4%	5.6%	0.004	19.9%	9.6%	<0.001
Zaat <i>et al.</i> , 2021 [14]	Netherlands	RCT	37	45	8.1%	2.2%	n.s.	16.2%	4.4%	n.s.	24.3%	6.7%	0.03

n.r.: not reported. RCT: Randomized Controlled Trial

* Statistically significant

Data from pure natural and modified natural cycles were grouped.

^a These studies were done linking registries and thus reasons behind allocation could not be provided.

Four studies did not present separately data for preeclampsia and PIH [7,8,10,11]

^b Mixed of patient preference and physician guidance

^c Patient ovulatory status and physician preference

^d Choice based on ovulation disorders, poor endometrium development, convenience of scheduling the date of transfer.