| **Study** | **Participants** | **Exposure** | **Intake Status Ascertainment** | **Results** |
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| Inoue, 2016168  Location: Japan  Setting: Community  Design: Prospective Cohort study  . | Study of: Adults N: 184  % Male: 0 Mean Age/Range/Age at Baseline: mean 34.1 (SD 4.9) Race: NR Systolic BP: mean 102 (SD 10) Diastolic BP: mean 63 (SD 8) Magnesium: NR Calcium: NR Other Minerals: NR Mean BMI: mean 21.7 (SD 4.7) % with Hypertension: 8.2 % with history of CVD: NR % with Type 2 diabetes: NR % with Kidney disease: NR % with history of Kidney stones: NR  Inclusion: Women with chronic hypertension or multiple pregnancy were included. Exclusion: Women who cannot undergo the first investigation (the first blood and urine sampling, and BP measurement) before the 20th gestational week, and those who had known heart disease or nephropathy were excluded. | Exposure Type: Urinary sodium excretion Exposure Unit: mmol/24h  Exposure Type: Urinary sodium excretion averaged until the 30th gestational week Exposure Unit: mmol/24h  Duration: 20 weeks of gestation to 30 weeks of gestation Exposure to Follow Up Time: NR  Dose format: NR All, Dose: NR | Sodium measure: More than one 24-hour urinary analysis without reported quality control measure Best sodium measure recorded: twice, one before the 20th gestational week, and the other after the improvement of hyperemesis gravidarum  How was blood pressure measured? HBP was measured twice using an HEM- 7051 (Omron Healthcare, Kyoto, Japan) based on the cuff- oscillometric method. The paticipants were asked to measure HBP at their upper arm within 1h of waking up, after micturition, before breakfast, while seated, after resting >1 min. HBP was measured for 7 consecutive days including the day of home urine collection before 20 weeks of gestation. In addition, HBP was also measured for 7 consecutive days after 30 weeks of gestation. | Home systolic blood pressure (Home BP was measured twice at each occasion using an HEM- 7051 (Omron Healthcare, Kyoto, Japan) based on the cuff- oscillometric method.) (mmol/24h/Outcome): From before the 20th gestational week to after the 30th gestational week FU All cases: NR, total: 184 Adjustment: Multivariables, but ND Estimated urinary salt excretion was not signicantly correlated with either HBP before the 20th gestational week or HBP after the 30th gestational week.  Pregnancy-induced hypertension (PIH was defined as gestational hypertension (rise in BP to ≥140/90 mmHg); pre-eclampsia (newly developed hypertension ≥140/90 mmHg with proteinuria ≥300 mg/day); or superimposed pre-eclampsia after the 20th gestat) (mmol/24h/Outcome): From before the 20th gestational week to after the 30th gestational week FU All cases: 22, total: 184 Adjustment: Age, pregnancy >40 years, BMI, parity, multiple pregnancy, family history of hypertension, chronic hypertension, BUN, serum creatinine, eGFR, Serum uric acid, Hematocrit, HBP before the 20th gestational week, clinic BP before the 20th gestational week Neither urinary salt excretion averaged until the 30th gestational week nor change in urinary salt excretion was associated with the development of PIH. |