B Babbette Lamarca

List of Publications by Year
in descending order

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123 papers	4,445 citations	76326 40 h-index	110387 64 g-index
123 all docs	123 docs citations	123 times ranked	3255 citing authors

#	Article	IF	Citations
1	The role of inflammation in the pathology of preeclampsia. Clinical Science, 2016, 130, 409-419.	4.3	379
2	Hypertension in Response to Autoantibodies to the Angiotensin II Type I Receptor (AT1-AA) in Pregnant Rats. Hypertension, 2009, 54, 905-909.	2.7	185
3	Pathophysiology and Current Clinical Management of Preeclampsia. Current Hypertension Reports, 2017, 19, 61.	3.5	175
4	A model of preeclampsia in rats: the reduced uterine perfusion pressure (RUPP) model. American Journal of Physiology - Heart and Circulatory Physiology, 2012, 303, H1-H8.	3.2	163
5	Autoantibodies to the Angiotensin Type I Receptor in Response to Placental Ischemia and Tumor Necrosis Factor Î± in Pregnant Rats. Hypertension, 2008, 52, 1168-1172.	2.7	153
6	Hypertension in Response to Chronic Reductions in Uterine Perfusion in Pregnant Rats. Hypertension, 2008, 52, 1161-1167.	2.7	150
7	The Effect of Immune Factors, Tumor Necrosis Factor-Â, and Agonistic Autoantibodies to the Angiotensin II Type I Receptor on Soluble fms-Like Tyrosine-1 and Soluble Endoglin Production in Response to Hypertension During Pregnancy. American Journal of Hypertension, 2010, 23, 911-916.	2.0	129
8	CD4 ⁺ T-Helper Cells Stimulated in Response to Placental Ischemia Mediate Hypertension During Pregnancy. Hypertension, 2011, 57, 949-955.	2.7	118
9	Preeclampsia: long-term consequences for vascular health. Vascular Health and Risk Management, 2015, 11, 403.	2.3	116
10	IL-17-mediated oxidative stress is an important stimulator of AT1-AA and hypertension during pregnancy. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2012, 303, R353-R358.	1.8	114
11	Role of Mitochondrial Dysfunction and Reactive Oxygen Species in Mediating Hypertension in the Reduced Uterine Perfusion Pressure Rat Model of Preeclampsia. Hypertension, 2018, 72, 703-711.	2.7	112
12	Hypertension in Response to Placental Ischemia During Pregnancy. Hypertension, 2011, 57, 865-871.	2.7	107
13	Administration of Interleukin-17 Soluble Receptor C Suppresses T _H 17 Cells, Oxidative Stress, and Hypertension in Response to Placental Ischemia During Pregnancy. Hypertension, 2013, 62, 1068-1073.	2.7	99
14	Endothelin-1, Oxidative Stress, and Endogenous Angiotensin II. Hypertension, 2013, 62, 886-892.	2.7	82
15	Angiotensin <scp>II</scp> Type 1 Receptor Autoantibody (<scp>AT</scp>1â€<scp>AA</scp>)â€Mediated Pregnancy Hypertension. American Journal of Reproductive Immunology, 2013, 69, 413-418.	1.2	81
16	Magnesium Sulfate Treatment Reverses Seizure Susceptibility and Decreases Neuroinflammation in a Rat Model of Severe Preeclampsia. PLoS ONE, 2014, 9, e113670.	2.5	81
17	Elucidating Immune Mechanisms Causing Hypertension During Pregnancy. Physiology, 2013, 28, 225-233.	3.1	78
18	Preventing Autoimmunity Protects Against the Development of Hypertension and Renal Injury. Hypertension, 2014, 64, 792-800.	2.7	75

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19	Identifying immune mechanisms mediating the hypertension during preeclampsia. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2016, 311, R1-R9.	1.8	74
20	IL-10 supplementation increases Tregs and decreases hypertension in the RUPP rat model of preeclampsia. Hypertension in Pregnancy, 2015, 34, 291-306.	1.1	68
21	An increased population of regulatory T cells improves the pathophysiology of placental ischemia in a rat model of preeclampsia. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2015, 309, R884-R891.	1.8	68
22	Hypertension in Response to AT1-AA: Role of Reactive Oxygen Species in Pregnancy-Induced Hypertension. American Journal of Hypertension, 2011, 24, 835-840.	2.0	67
23	Activating autoantibodies to the angiotensin II type I receptor play an important role in mediating hypertension in response to adoptive transfer of CD4⁺ T lymphocytes from placental ischemic rats. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2012, 302, R1197-R1201.	1.8	65
24	Role of angiotensin II type I receptor agonistic autoantibodies (AT1-AA) in preeclampsia. Current Opinion in Pharmacology, 2011, 11, 175-179.	3.5	64
25	Reduced uterine perfusion pressure T-helper 17 cells cause pathophysiology associated with preeclampsia during pregnancy. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2016, 311, R1192-R1199.	1.8	61
26	Hypertension in response to IL-6 during pregnancy: role of AT1-receptor activation. International Journal of Interferon, Cytokine and Mediator Research, 2011, 2011, 65.	1.1	59
27	IL-6-induced pathophysiology during pre-eclampsia: potential therapeutic role for magnesium sulfate?. International Journal of Interferon, Cytokine and Mediator Research, 2011, 2011, 59.	1.1	59
28	Inflammatory mediators: a causal link to hypertension during preeclampsia. British Journal of Pharmacology, 2019, 176, 1914-1921.	5.4	59
29	Cytochrome P450 Subfamily 2J Polypeptide 2 Expression and Circulating Epoxyeicosatrienoic Metabolites in Preeclampsia. Circulation, 2012, 126, 2990-2999.	1.6	57
30	AT1-AA (Angiotensin II Type 1 Receptor Agonistic Autoantibody) Blockade Prevents Preeclamptic Symptoms in Placental Ischemic Rats. Hypertension, 2018, 71, 886-893.	2.7	56
31	Endothelin type A receptor antagonist attenuates placental ischemiaâ€“induced hypertension and uterine vascular resistance. American Journal of Obstetrics and Gynecology, 2011, 204, 330.e1-330.e4.	1.3	55
32	Placental Ischemia and Resultant Phenotype in Animal Models of Preeclampsia. Current Hypertension Reports, 2016, 18, 38.	3.5	52
33	Risk of cardiovascular disease, end-stage renal disease, and stroke in postpartum women and their fetuses after a hypertensive pregnancy. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2018, 315, R521-R528.	1.8	52
34	17-Hydroxyprogesterone Caproate Significantly Improves Clinical Characteristics of Preeclampsia in the Reduced Uterine Perfusion Pressure Rat Model. Hypertension, 2015, 65, 225-231.	2.7	51
35	The Role of Agonistic Autoantibodies to the Angiotensin II Type 1 Receptor (AT1-AA) in Pathophysiology of Preeclampsia. Current Pharmaceutical Biotechnology, 2018, 19, 781-785.	1.6	49
36	Effects of Reduced Uterine Perfusion Pressure on Blood Pressure and Metabolic Factors in Pregnant Rats. American Journal of Hypertension, 2007, 20, 686-691.	2.0	48

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37	Agonistic Autoantibodies to the Angiotensin II Type 1 Receptor Enhance Angiotensin IIâ€“Induced Renal Vascular Sensitivity and Reduce Renal Function During Pregnancy. Hypertension, 2016, 68, 1308-1313.	2.7	44
38	Natural killer cells mediate pathophysiology in response to reduced uterine perfusion pressure. Clinical Science, 2017, 131, 2753-2762.	4.3	44
39	Agonistic Autoantibodies to the Angiotensin II Type I Receptor Cause Pathophysiologic Characteristics of Preeclampsia. Gender Medicine, 2012, 9, 139-146.	1.4	42
40	Effects of 17-Hydroxyprogesterone on Tumor Necrosis Factor-Â-Induced Hypertension During Pregnancy. American Journal of Hypertension, 2009, 22, 1120-1125.	2.0	41
41	Hypertension in response to CD4+ T cells from reduced uterine perfusion pregnant rats is associated with activation of the endothelin-1 system. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2012, 303, R144-R149.	1.8	40
42	Progesterone blunts vascular endothelial cell secretion ofÂendothelin-1 in response to placental ischemia. American Journal of Obstetrics and Gynecology, 2013, 209, 44.e1-44.e6.	1.3	39
43	Endothelin, the kidney, and hypertension. Current Hypertension Reports, 2006, 8, 298-303.	3.5	38
44	<scp>l</scp>-Arginine supplementation abolishes the blood pressure and endothelin response to chronic increases in plasma sFlt-1 in pregnant rats. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2012, 302, R259-R263.	1.8	38
45	CD4 ⁺ T Cells Are Important Mediators of Oxidative Stress That Cause Hypertension in Response to Placental Ischemia. Hypertension, 2014, 64, 1151-1158.	2.7	37
46	Role of Reactive Oxygen Species During Hypertension in Response to Chronic Antiangiogenic Factor (sFlt-1) Excess in Pregnant Rats. American Journal of Hypertension, 2011, 24, 110-113.	2.0	34
47	Vitamin D supplementation improves pathophysiology in a rat model of preeclampsia. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2016, 310, R346-R354.	1.8	33
48	Renal natural killer cell activation and mitochondrial oxidative stress; new mechanisms in AT1-AA mediated hypertensive pregnancy. Pregnancy Hypertension, 2019, 15, 72-77.	1.4	32
49	Placental ischemia-stimulated T-helper 17 cells induce preeclampsia-associated cytolytic natural killer cells during pregnancy. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2018, 315, R336-R343.	1.8	31
50	Serelaxin improves the pathophysiology of placental ischemia in the reduced uterine perfusion pressure rat model of preeclampsia. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2016, 311, R1158-R1163.	1.8	30
51	CD4+ T Cells Play a Critical Role in Mediating Hypertension in Response to Placental Ischemia. Journal of Hypertension: Open Access, 2013, 02, .	0.2	28
52	Progesterone supplementation attenuates hypertension andÂthe autoantibody to the angiotensin II type I receptor inÂresponse to elevated interleukin-6 during pregnancy. American Journal of Obstetrics and Gynecology, 2014, 211, 158.e1-158.e6.	1.3	26
53	Preeclampsia: Linking Placental Ischemia with Maternal Endothelial and Vascular Dysfunction. , 2020, 11, 1315-1349.		26
54	RNA interference therapeutics targeting angiotensinogen ameliorate preeclamptic phenotype in rodent models. Journal of Clinical Investigation, 2020, 130, 2928-2942.	8.2	25

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55	Interleukin-4 supplementation improves the pathophysiology of hypertension in response to placental ischemia in RUPP rats. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2019, 316, R165-R171.	1.8	24
56	Enodthelin 1 Is Elevated in Plasma and Explants From Patients Having Uterine Leiomyomas. Reproductive Sciences, 2014, 21, 1196-1205.	2.5	23
57	Proliferation of endogenous regulatory T cells improve the pathophysiology associated with placental ischaemia of pregnancy. American Journal of Reproductive Immunology, 2017, 78, e12724.	1.2	22
58	Arachidonic acid metabolites of CYP4A and CYP4F are altered in women with preeclampsia. Prostaglandins and Other Lipid Mediators, 2018, 136, 15-22.	1.9	22
59	Continued Investigation Into 17-OHPC. Hypertension, 2017, 70, 1250-1255.	2.7	20
60	17-hydroxyprogesterone blunts the hypertensive response associated with reductions in uterine perfusion pressure in pregnant rats. American Journal of Obstetrics and Gynecology, 2009, 201, 324.e1-324.e6.	1.3	19
61	Tumor necrosis factor alpha (TNF-Î±) blockade improves natural killer cell (NK) activation, hypertension, and mitochondrial oxidative stress in a preclinical rat model of preeclampsia. Hypertension in Pregnancy, 2020, 39, 399-404.	1.1	19
62	Blockade of CD40 ligand for intercellular communication reduces hypertension, placental oxidative stress, and AT₁-AA in response to adoptive transfer of CD4⁺ T lymphocytes from RUPP rats. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2015, 309, R1243-R1250.	1.8	17
63	17-Hydroxyprogesterone caproate improves T cells and NK cells in response to placental ischemia; new mechanisms of action for an old drug. Pregnancy Hypertension, 2020, 19, 226-232.	1.4	16
64	Vitamin D supplementation reduces some AT₁-AA-induced downstream targets implicated in preeclampsia including hypertension. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2017, 312, R125-R131.	1.8	15
65	CD4+ T cells cause renal and placental mitochondrial oxidative stress as mechanisms of hypertension in response to placental ischemia. American Journal of Physiology - Renal Physiology, 2021, 320, F47-F54.	2.7	15
66	Natural killer cells contribute to mitochondrial dysfunction in response to placental ischemia in reduced uterine perfusion pressure rats. American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2019, 316, R441-R447.	1.8	14
67	Progesterone-induced blocking factor improves blood pressure, inflammation, and pup weight in response to reduced uterine perfusion pressure (RUPP). American Journal of Physiology - Regulatory Integrative and Comparative Physiology, 2021, 320, R719-R727.	1.8	14
68	Placental CD4+ T cells isolated from preeclamptic women cause preeclampsia-like symptoms in pregnant nude-athymic rats. Pregnancy Hypertension, 2019, 15, 7-11.	1.4	13
69	Characterization of Mitochondrial Bioenergetics in Preeclampsia. Journal of Clinical Medicine, 2021, 10, 5063.	2.4	13
70	Vascular endothelial mitochondrial oxidative stress in response to preeclampsia: a role for angiotension II type 1 autoantibodies. American Journal of Obstetrics & Gynecology MFM, 2021, 3, 100275.	2.6	10
71	Endothelin-1 is not a Mechanism of IL-17 Induced Hypertension during Pregnancy. Medical Journal of Obstetrics and Gynecology, 2013, 1, .	0.2	10
72	Vitamin D Supplementation Suppresses Hypoxia-Stimulated Placental Cytokine Secretion, Hypertension and CD4 T Cell Stimulation in Response to Placental Ischemia. Medical Journal of Obstetrics and Gynecology, 2013, 1, .	0.2	8

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73	Angiotensin II type 1 receptor autoantibody blockade improves cerebral blood flow autoregulation and hypertension in a preclinical model of preeclampsia. Hypertension in Pregnancy, 2020, 39, 451-460.	1.1	7
74	Progesterone Induced Blocking Factor Reduces Hypertension and Placental Mitochondrial Dysfunction in Response to sFlt-1 during Pregnancy. Cells, 2021, 10, 2817.	4.1	7
75	17-Hydroxyprogesterone caproate improves hypertension and renal endothelin-1 in response to sFlt-1 induced hypertension in pregnant rats. Pregnancy Hypertension, 2020, 22, 151-155.	1.4	6
76	Investigation of interleukin-2-mediated changes in blood pressure, fetal growth restriction, and innate immune activation in normal pregnant rats and in a preclinical rat model of preeclampsia. Biology of Sex Differences, 2021, 12, 4.	4.1	6
77	Placental CD4+ T cells from preeclamptic patients cause autoantibodies to the angiotensin II type I receptor and hypertension in a pregnant rat model of preeclampsia. Exploration of Medicine, 0, , 99-111.	1.5	6
78	Selective inhibition of 20-hydroxyeicosatetraenoic acid lowers blood pressure in a rat model of preeclampsia. Prostaglandins and Other Lipid Mediators, 2018, 134, 108-113.	1.9	5
79	Low Dose of IL-2 Normalizes Hypertension and Mitochondrial Function in the RUPP Rat Model of Placental Ischemia. Cells, 2021, 10, 2797.	4.1	4
80	Is Mitochondrial Oxidative Stress a Viable Therapeutic Target in Preeclampsia?. Antioxidants, 2022, 11, 210.	5.1	4
81	The Renin-Angiotensin System, its Autoantibodies, and Body Fluid Volume in Preeclampsia. , 2015, , 315-334.		3
82	Effects of reduced uterine perfusion pressure on blood pressure and metabolic factors in the pregnant rat. FASEB Journal, 2007, 21, A894.	0.5	3
83	Novel treatment avenues for uterine leiomyoma: a new implication for endothelin?. Clinical Science, 2018, 132, 2261-2267.	4.3	2
84	Progesterone inhibits trophoblast TNF alpha production.. FASEB Journal, 2010, 24, 793.13.	0.5	2
85	233: T Lymphocyte induced AT1-AAs cause hypertension in response to placental ischemia. American Journal of Obstetrics and Gynecology, 2011, 204, S100.	1.3	1
86	Letter to the Editor: Importance of B cells in response to placental ischemia. American Journal of Physiology - Heart and Circulatory Physiology, 2020, 318, H723-H725.	3.2	1
87	The role of angiotensin II type I receptor activation in mediating TNF alphaâ€induced hypertension in the pregnant rat.. FASEB Journal, 2007, 21, A592.	0.5	1
88	Humoral immune system activation promotes the development of hypertension. FASEB Journal, 2013, 27, 906.4.	0.5	1
89	The Role of Interleukinâ€2 (ILâ€2) in Natural Killer Cell (NK) Activation and Hypertension in a Preclinical Rat Model of Preeclampsia. FASEB Journal, 2018, 32, 911.1.	0.5	1
90	Salt, Aldosterone, and the Reninâ€“Angiotensin System in Pregnancy. , 2022, , 335-353.		1

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91	The Role of B Cells in Mediating Hypertension in Preeclampsia or COVIDâ€19 Infection During Pregnancy. FASEB Journal, 2022, 36, .	0.5	1
92	B Cell Depletion During Pregnancy Improves Hypertension, Natural Killer Cell Activation, and May Not Worsen Fetal Outcomes in Response to Placental Ischemia. FASEB Journal, 2021, 35, .	0.5	0
93	ILâ€17 causes hypertension and multiâ€organ tissue dysfunction which is attenuated with blockade of agonistic autoantibodies to the angiotensin II type I (AT1â€AA) receptor during pregnancy. FASEB Journal, 2021, 35, .	0.5	0
94	Progesterone and PIBF: new insights into treatment options for preeclampsia. FASEB Journal, 2021, 35, .	0.5	0
95	The Importance of B Cells in Causing Hypertension During Pregnancy; to B or Not to B. FASEB Journal, 2021, 35, .	0.5	0
96	Soluble fmsâ€like tyrosineâ€1 (sFltâ€1) production in response to placental ischemia and hypoxia in placenta of pregnant rats. FASEB Journal, 2008, 22, 969.19.	0.5	0
97	Endothelial cell activation in response to placental ischemia in pregnant rats is mediated by agonistic autoantibodies to the angiotensin type I receptor. FASEB Journal, 2008, 22, .	0.5	0
98	Agonistic autoantibodies to the angiotensin II type 1 receptor increases Angiotensin IIâ€induced ETâ€1 production. FASEB Journal, 2008, 22, 969.18.	0.5	0
99	Soluble fmsâ€like tyrosineâ€1 (sFltâ€1) is enhanced in response to chronic tumor necrosis factorâ€alpha excess during pregnancy. FASEB Journal, 2009, 23, 805.4.	0.5	0
100	PLACENTAL ISCHEMIA TRIGGERS IMMUNE ACTIVATION AS LEUKOCYTE OVERPRODUCTION OF SFltâ€1: A STEP IN THE PATHOGENESIS OF PREECLAMPSIA?. FASEB Journal, 2010, 24, 793.12.	0.5	0
101	Hypertension in response to agonistic autoantibodies to the angiotensin II type I receptor (AT1â€AA): role of reactive oxygen species (ROS). FASEB Journal, 2010, 24, 1025.6.	0.5	0
102	Blunting Circulating TH17 cells Decreases Hypertension and Oxidative Stress in Response to Placental Ischemia. FASEB Journal, 2013, 27, 1115.4.	0.5	0
103	Cerebral White Matter CD4+ T cell Infiltration is Associated with Hypertension in a rat model of HELLP Syndrome. FASEB Journal, 2013, 27, 691.12.	0.5	0
104	Hypertension in a rat model of HELLP Syndrome is associated with Increased TNFâ€alpha, ILâ€6 and CD4+ T cell activation. FASEB Journal, 2013, 27, 1115.7.	0.5	0
105	ILâ€10 supplementation suppressed hypertension and inflammation in response to placental ischemia during pregnancy (860.17). FASEB Journal, 2014, 28, 860.17.	0.5	0
106	T Cellâ€Dependent B Cell Activation Mediates Pathophysiology in Reponse to CD4 + T Cells from Reduced Uterine Perfusion Pregnant Rats. FASEB Journal, 2015, 29, 810.4.	0.5	0
107	Agonistic Autoantibodies to the Angiotensin II Type 1 Receptor Enhance ANGII Binding on Vascular Endothelial Cells. FASEB Journal, 2015, 29, 810.12.	0.5	0
108	Early Administration of 17â€Hydroxyprogesterone Caproate to Reduced Uterine Perfusion Pressure (RUPP) Rat Model of Preeclampsia Improves Inflammation, Uterine artery Vasoconstriction and Blood Pressure During Pregnancy. FASEB Journal, 2015, 29, 810.6.	0.5	0

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109	Serelaxin Improves Blood Pressure and Uterine Artery Resistance in the Reduced Uterine Perfusion Pressure (RUPP) Rat Model of Preeclampsia. FASEB Journal, 2015, 29, 810.8.	0.5	0
110	Early Development of Glomerular Injury in Dahl Saltâ€Sensitive (SS) Rats with Metabolic Syndrome Independent of Diabetes and Hypertension. FASEB Journal, 2015, 29, 964.8.	0.5	0
111	Placental Ischemiaâ€Induced T H 17 Cells Mediate the Pathophysiology Associated with Preeclampsia. FASEB Journal, 2015, 29, 667.6.	0.5	0
112	Progesterone induced blocking factor improves fetal growth restriction possibly by reducing inflammation and placental cytolytic NK cells in response to placental ischemia during pregnancy. FASEB Journal, 2018, 32, 729.5.	0.5	0
113	Placental Ischemiaâ€Stimulated T H 17 Cells Induce Preeclampsiaâ€Associated Cytolytic Natural Killer Cells During Pregnancy. FASEB Journal, 2018, 32, 729.6.	0.5	0
114	The role of T cells on the elevated blood pressure of female and male PCOS offspring. FASEB Journal, 2019, 33, 593.5.	0.5	0
115	Interleukinâ€4 supplementation improves the proinflammatory cell ratios, autoantibodies and blood pressure in response to placental ischemia. FASEB Journal, 2019, 33, 865.18.	0.5	0
116	Angiotensin II Type I Receptor Agonistic Autoantibody Blockade Improves Cerebral Blood Flow Autoregulation, Blood Brain Barrier Permeability, and Hypertension in the Preâ€Clinical Rat Model of Preeclampsia. FASEB Journal, 2020, 34, 1-1.	0.5	0
117	CD4+ T Cells from RUPP rat model activate NK cells and cause mitochondrial oxidative stress and hypertension in normal pregnant rats. FASEB Journal, 2020, 34, 1-1.	0.5	0
118	Prevention of T Cell Activation in Response to Placental Ischemia Improves Hypertension and Natural Killer Cell Number During Pregnancy. FASEB Journal, 2020, 34, 1-1.	0.5	0
119	Progesterone induced blocking factor improves blood pressure, mitochondrial dysfunction and reactive oxygen species in response to sFltâ€1 induced hypertension during pregnancy. FASEB Journal, 2020, 34, 1-1.	0.5	0
120	Maternal B Cell Depletion Reduces Blood Pressure and Improves Fetal Weights in Male Offspring of a Rat Model of Preeclampsia. FASEB Journal, 2022, 36, .	0.5	0
121	CD4+T Cells cause increased glucose, mitochondrial dysfunction, and hypertension in a Novel Pregnant Rodent Model of Gestational Diabetes Mellitus. FASEB Journal, 2022, 36, .	0.5	0
122	IL17 administration in the Absence of T cells Results in Hypertension, NK cell Activation, and Reduced Pup Weight at Birth, but No Changes in Blood Pressure or Weight at Maturation of Offspring. FASEB Journal, 2022, 36, .	0.5	0
123	Progesterone prolongs time to delivery and attenuates blood pressure possibly by improving inflammation and endothelial function in response to preeclampsia. FASEB Journal, 2022, 36, .	0.5	0