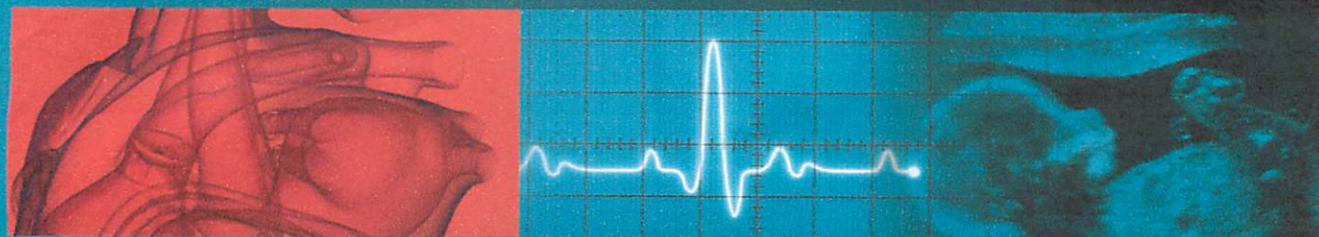




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Denise

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Introduction: Snoring increases during the last trimester of pregnancy and is linked with both gestational hypertension and gestational diabetes. Previous studies have used questionnaires to determine the presence and severity of snoring.

Objectives: The purpose of this study was to compare self-reported and objectively measured snoring in pregnancy.

Methods: We studied 154 pregnant women. The results from the "Do you snore?" question of the Berlin questionnaire was compared with objectively measured snoring obtained during an at-home SonoMat™ study (a thin mattress overlay with sensors that measure breath sounds, breathing movement, heart sounds and body movement).

recorded snoring	Questionnaire responses to "Do you snore?"		
	Yes (%)	No (%)	Unsure (%)
<10	40	76	50
10–20	15	0	0
>20	45	24	50

Results: Ninety eight women (mean gestation 28 ± 7 weeks) answered "Yes" to the question "Do you snore?"; 48 women answered "No"; and 8 women answered "I don't know". In the group who answered "Yes", recorded snoring average was $20 \pm 19\%$ of the night; in the "No" group, recorded snoring was $13 \pm 22\%$ and in the "I don't know" group snoring was recorded as $22 \pm 21\%$. There was a significant difference between the percentages of snoring recorded in women who answered "yes" compared to those who answered "no" ($p = 0.04$) but no other differences between groups.

Conclusion: Snoring is very common in pregnancy, but questionnaire results provide only an approximate estimate of the presence of snoring. Importantly, significant snoring was present in 24% of women who denied snoring, and a significant number of women who reported snoring had minimal objectively recorded snoring. Objective measurement of snoring is needed to determine whether snoring is present in pregnant women.

Disclosure of interest: None declared.

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PP156. High prevalence of pre-pregnancy overweight and obesity associated with maternal and perinatal complications

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Introduction: High prevalence of pre-pregnancy weight excess, as well as evidence of increased risk of maternal and perinatal complications associated with nutritional states have been observed lately. Considering the possible ethnic and environmental influences few studies have assessed this risk in pregnant Brazilian women.

Objectives: This study aimed at determining the prevalence of pre-pregnancy weight excess (overweight and obesity) and its association with maternal and perinatal complications in a Brazilian women population.

Methods: We conducted a prospective cross-sectional study with 3,300 women who had birth care at the Asa Sul Regional Hospital of Brasília – Federal District (FD), from October 2009 to May 2010. Nutritional status was determined by body mass index (BMI), according to WHO criteria (2000): Low weight (BMI < 18.5 kg/m²), Normal weight (BMI between 18.5 and 24.9 kg/m²), Weight excess (BMI ≥ 25 kg/m²), Overweight (BMI between 25 and 29.9 kg/m²) and obesity (BMI ≥ 30 kg/m²). The outcome variables were: pre-clinical complications such as chronic hypertension and diabetes, manifestation of gestational hypertension/pre-eclampsia, pregnancy duration and resolution as well as perinatal outcomes. The association among these variables was assessed using chi-square (Pearson) and Fisher's exact test. Results were considered significant when $p < 0.05$.

Results: In this population, weight excess before pregnancy had a prevalence of 27.2%, being 19.7% and 7.5% of pregnant women presenting, respectively, overweight and obesity. The prevalence of normal weight was 64.6% and low weight was 8.3%. Comparing the weight excess (BMI ≥ 25 kg/m²) group with the normal weight group it was observed predominant hypertension (23% vs. 10%) and diabetes (10.1% vs. 3.6%), prolonged pregnancy (14.4% vs. 10.7%) and cesarean section rate (58.1% vs. 47.2%) in the weight excess group. Newborn weight equal to or greater than 4,000 g (9.5% vs. 4.5%) as well as fetal macrosomia (14.6% vs. 7.4%) also predominated in weight excess group. The comparison among the groups normal weight, overweight and obesity showed predominance of hypertension, diabetes cesarean section rate newborn weight and fetal macrosomia in the obesity group.

Conclusion: In the population analyzed, the prevalence of pre-pregnancy weight excess, particularly obesity, was high and associated with maternal and perinatal complications. Weight excess pre-pregnancy should be considered a risk to the pregnancy, demanding different obstetric care. Efforts should be made so that, in the pre-pregnancy period, women's weight can be as close to the normal weight as possible.

Disclosure of interest: None declared.

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PP157. Risk of preeclampsia in pregnant women with gestational diabetes in Alberta

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