

Prevalence and complications of Obstructive Sleep Apnea in high-risk pregnancies -Pilot study-

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Aim

To describe the prevalence during gestation of Obstructive Sleep Apnea (OSA) in cardiometabolic risk pregnancies and to evaluate its association with pregnancy complications.

Methods

Inclusion criteria

- Body Mass Index >30 or
- Maternal age >40y or
- Assisted Reproduction Techniques or
- Chronic hypertension

32 patients were included

12 GA

18-32 GA

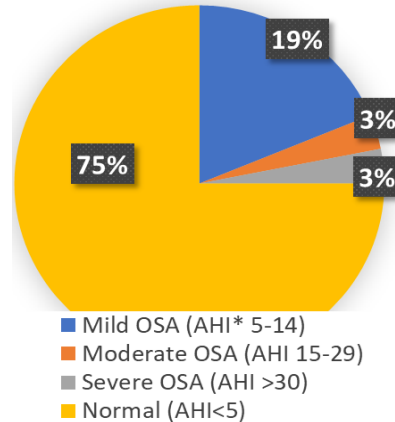
Home respiratory polygraphy

Follow up and data collection

Delivery

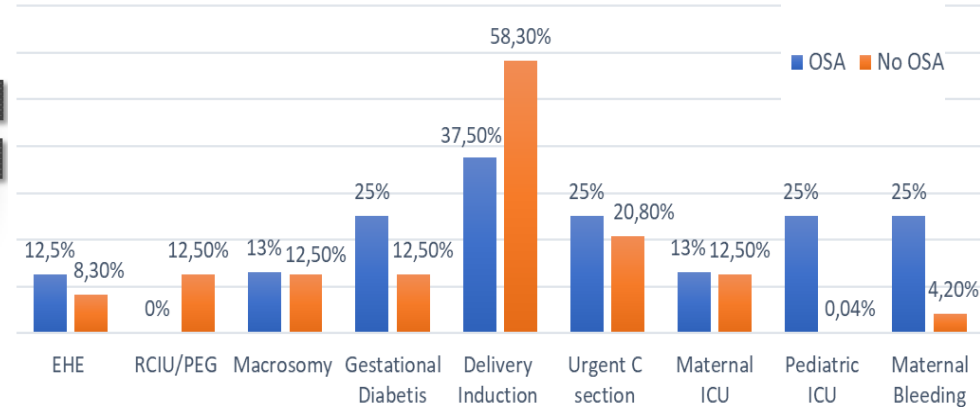
Preliminary Results

OSA Prevalence



Graphic 1. OSA Prevalence (*AHI Apnea Hipoapnea Index)

Pregnancy and delivery preliminary outcomes



Graphic 2. Pregnancy and delivery preliminary outcomes.

Neonatal outcomes

Variables	OSA	No OSA	P Signifi.
GA AGE	38 (1)	39.2 (1)	0.04
APGAR 1'	8.4 (1.3)	8.9 (0.6)	0.17
APGAR 5'	9.8 (0.6)	10 (0.2)	0.23
ARTERIAL pH	7.2 (0.05)	7.3 (0.1)	0.31
BIRTHWEIGHT	2998 (372)	3155 (676)	0.23

Table 1. Neonatal outcomes. Values are mean (sd).

Conclusions

Up to 25% of pregnancies with cardiometabolic risk factors may suffer from OSA, especially those pregnancies affected by obesity. Although sample size limitations, in our study OSA seemed to even worsens the pregnancy outcomes of this high-risk pregnancies.