Preventable stillbirths and neonatal outcomes in obese women

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Objective

To determine the correlation between pre - pregnancy obesity (BMI > 30) and the incidence of stillbirth.

Methods

In this retrospective study we analyzed a Slovenian perinatal database from 2002 to 2014, selecting pregnancies delivered at ≥ 34 weeks of gestation, excluding cases of fetal deaths due to anomalies and intrapartum fetal deaths. Primary objective was to evaluate the effect of induction of labor at various gestational ages on the incidence of stillbirth. We also analyzed the incidence of neonatal respiratory distress syndrome (RDS) and admission to neonatal intensive care unit (NICU), as a direct consequence of induction of labor.

Results

Pre - pregnancy obesity (BMI > 30) was significantly associated with stillbirth. The adjusted odds ratio (OR) was 2,010 (95% confidence interval [CI], 1,204 to 3,355). The prevention of stillbirth at completed 34 weeks of gestation, in women with pre - pregnancy obesity with induction of labor, would lead to 42 cases of RDS and 183 admissions to NICU for every stillbirth prevented. The same policy, at completed 40 weeks of gestation in women with pre - pregnancy obesity, would still lead to onecase of RDS and 24 admissions to NICU for every stillbirth prevented.

Conclusion

Maternal obesitiy is significantly associated with stillbirth. Prevention of stillbirth with induction of labor would increase morbidity in newborns.