Labor Induction Less Successful in Morbidly Obese

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SCOTTSDALE, ARIZ. — The more obese a woman is before becoming pregnant, the lower her chances will be for successful induction of labor, according to researchers who reviewed computerized records of 45,998 pregnancies in a German database.

Dr. Rabbie Hanna and his colleagues reported the rate of successful induction fell from a high of 79% for women of normal weight with a body mass index (BMI) below 25 kg/m^2 to a low of 48% in morbidly obese women with a BMI of 40 kg/m^2 or higher. Between the two extremes, the researchers from Wayne State University in Detroit computed success rates of 71% for overweight women with a BMI range of 25-29 kg/m^2, 69% for women with class I obesity of 30-34.9 kg/m^2, and 65% for women with class II obesity of 35-39.5 kg/m^2.

"We saw that as obesity increases, normal labor decreases and induction of labor increases," Dr. Hanna said in an interview at the annual meeting of the Central Association of Obstetricians and Gynecologists, where he presented the data in a poster.

The study mined a perinatal database of 170,258 cases collected from 1991 to 1997 in the state of Schleswig-Holstein. The investigators selected nulliparous, low-risk women who came to full term with singleton pregnancies. Prepregnancy height and weight had to be in the database for a woman to be included in the analysis.

Among the 45,998 pregnancies that fit these criteria, there were 898 (2%) pregnancies that ended in elective cesarean section and 45,100 (98%) in which the women underwent labor. In this latter group, 6,427 (14%) required induction of labor.

Dr. Hanna and his colleagues also reported that the proportion of women choosing cesarean delivery increased with BMI. The rate of elective cesarean delivery rose from 1.7% of women with normal weight to 6.1% of women who were morbidly obese. Elective cesarean rates were 2.5% in overweight women, 2.9% in those with class I obesity, and 4.9% in those with class II obesity.

The investigators didn't address whether trying to induce labor over two or three days is worthwhile in a morbidly obese patient. "We can't answer that question. She still has a 50-50 chance," said Dr. Hanna, noting that cesarean delivery is associated with increased risk of complications. ■

Carpal Tunnel in Pregnancy Tied To Workplace

Pregnant women working outside the home may be more likely than their homemaker counterparts to develop carpal tunnel syndrome, Dr. Glen D. Seidman said at the joint annual meeting of the American Society for Surgery of the Hand and the American Society of Hand Therapists.

Previous studies have shown that carpel tunnel syndrome (CTS) during pregnancy and lactation has been shown to be associated with elevated estrogen levels, but this effect is not well established in the literature. "We wanted to know how high estrogen contributes to a woman's developing CTS," noted Dr. Seidman of South Shore Orthopedic Associates, South Weymouth, Mass.

Screening of 1,926 pregnant women scheduled to deliver within a 6-month period showed that 230 women (12%) had CTS symptoms. The onset of symptoms commonly occurred at 24-28 weeks' gestation. At 6 weeks post partum, 36% of the affected women still had symptoms, and 34% required therapeutic intervention.

Dr. Seidman noted that 76% of those with persistent CTS symptoms post partum worked outside the home and 73% were breast-feeding. By comparison, 85% of those unaffected by CTS during the postpartum period were breast-feeding.

Contrary to previous studies suggesting an association between estrogen levels and CTS, these findings indicate that CTS in pregnancy does not have a hormonal etiology, as symptoms during the postpartum period did not correlate well with breast-feeding. Instead, there appears to be a correlation between working outside the home and CTS post partum, Dr. Seidman concluded.

—Patricia Kirk