Modern Methods Cut Postpreeclampsia Stillbirths

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The relative risk of stillbirth following a preeclamptic pregnancy declined dramatically over the last 35 years in Norway, while the relative risk of neonatal death remained stable despite a substantial increase in preterm deliveries, reported Dr. Olga Basso and associates at the National Institute of Environmental Health Sciences and the University of Bergen, Norway.

Data on developed countries show an increasing trend toward managing preeclampsia by inducing deliveries preterm, even before 32 weeks. "Physicians face a real dilemma in balancing the risk of fetal/neonatal/maternal death due to preeclampsia against the increased risk of death associated with preterm delivery," Dr. Basso and her colleagues wrote (JAMA 2006;296:1357-62).

To assess the effect of changing obstetric management of preeclampsia on fetal and infant survival, the investigators reviewed data from the Medical Birth Registry of Norway collected between 1967 and 2003. The analysis was restricted to singleton pregnancies lasting at least 24 weeks in nulliparous Norwegian-born mothers.

The investigators analyzed 804,448 births, including 33,835 pregnancies complicated by preeclampsia. Births were grouped into three roughly equal periods (1967-1978, 1979-1990, and 1991-2003). Logistic regression analysis was used to estimate preeclampsia-related odds ratios for fetal and infant death.

The incidence of stillbirth among preeclamptic pregnancies decreased sevenfold from the period 1967-1978 to the period 1991-2003.

Over the same time span, deliveries before 37 weeks due to medical intervention in preeclamptic pregnancies increased from 8% to almost 20%.

Notably, the relative risk of infant death following preeclamptic pregnancies remained stable, the investigators reported.

"Modern medical management of preeclampsia appears to have been effective in preventing fetal death without causing an increase in infant or maternal death," Dr. Basso concluded. ■

Teen Reactions To Pregnancy Vary by Age

Pregnant adolescents aged 12-17 years are more likely than 18- or 19-year-olds to report that their babies would enhance their relationships with others, and older teens are more likely to identify the challenges of teen motherhood, data collected from 247 girls who sought care at a prenatal clinic show.

Understanding the variations in pregnant girls' attitudes toward pregnancy can help health care providers target interventions, although the differences among age and cultural subgroups did not reach statistical significance, reported Cynthia Rosengard, Ph.D., of Rhode Island Hospital in Providence and her colleagues (Pediatrics 2006;118:503-10).

The adolescents completed questionnaires and interviews about the pros and cons of having a baby as a teen. Their mean age was 16.8 years, and data were collected over a 2-year period.

The girls reported stronger connections with others and a sense of responsibility and purpose that might discourage them from other risky behaviors as some advantages of teen pregnancy. Disadvantages included financial concerns, lack of preparedness for motherhood, changing life plans, and missing out on other teenage experiences.

Disadvantages outweighed advantages overall, but several subgroup trends emerged.

For example, 64 of 117 (55%) Hispanic teens said having a baby would enhance their connections with others, vs. 62 of 130 (48%) non-Hispanic teens. But most Hispanic and non-Hispanic teens (84% and 75%, respectively) identified changes in life plans as a significant disadvantage to pregnancy.

Additionally, 26 of 58 girls with intended pregnancies (45%) associated the pregnancy with positive changes, vs. 61 of 189 (32%) of girls whose pregnancies were unintended.

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