

Mild Maternal Obstructive Sleep obese Pregnant Women and -Apnea in Non Accelerated Fetal Growth

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Introduction: Snoring is third of women by the third-common during pregnancy and affects up to one trimester. The prevalence of OSA during pregnancy is rising. OSA during pregnancy has been associated with adverse ernal outcomes. The effect of maternal OSAmat on the fetus, particularly on fetal growth, is less apparent.

Objective: To evaluate the association between maternal obstructive sleep apnea (OSA) and fetal growth in obese women with uncomplicated pregnancy-non.

Methods: Pregnant women were recruited prospectively during their third trimester. All participants completed questionnaires on general health and pregnancy characteristics, the Berlin and the Epworth sleepiness scales, and underwent an ambulatory sleep assessment between 33 to 36 weeks of gestation. We also conducted a medical chart review for delivery and newborn characteristics.

Results: A total of 155 obese pregnant women were recruited, and 26 (17%) of them had mild OSA-non. None developed pregnancy complications. The mean of the participants birthweight percentile of the newborns of women with mild OSA (apnea hypopnea h) was significantly higher compared with the newborns of /15-index 5 the 129 OSA controls (72% vs. 57%, respectively-non, $P = 0.01$). he proportion of large for gestationalT age LGA) newborns was significantly higher among women with OSA compared with) controls (28% vs. 8%, respectively, $P = 0.04$), and the proportion of Apgar scores P 0.01). Bivariate and multivariate logistic analyses showed that women with mild OSA had regression increased odds for LGA newborns compared with controls (OR=5.1, 95% CI 1.3, 20.0).

Conclusions: Our results even in a —suggest that maternal OSA during the third trimester of pregnancy mild d with accelerated fetal growththis associate —form