

1: Z Geburtshilfe Neonatol. 2008 Feb;212(1):5-12.

[The influence of previous pregnancy terminations, miscarriages and still-births on the incidence of babies with low birth weight and premature births as well as a somatic classification of newborns]

[Article in German]

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AIM: The influence of previous interruptions, miscarriages and IUFD on the IUGR and preterm rate as well as on the somatic staging (gestational age and birth weight) of the new born is a subject of controversial discussion in the literature. The present paper attempts to quantify these risks of the medical history. 2 282 412 singleton pregnancies of the period 1995 to 2000 were evaluated from the German Perinatal Database. For the analysis 1 065 202 pregnancies (46.7 %) of those mothers without any live birth in the medical history were assessed. To exclude any influence from previous abortions patients with previous miscarriages and IUFDs were excluded. The control collective were new borns whose mothers had suffered neither from miscarriages nor from abortions or IUFD. RESULTS: Previous interruptions, miscarriages and IUFD influence the rate of new borns with low birth weight and increase the rate of prematurity. With increasing numbers of isolated or combined risks in the medical history, the rate of newborns with a low birth weight or with prematurity is increased. The lowest risk was found after one interruption, the highest rate with two or more IUFDs. Interruptions, miscarriages or IUFD are not risk factors for IUGR or SGA. CONCLUSION: Previous interruptions, miscarriages and IUFD are relevant risk factors for prematurity and are related with low birth weight of the new borns. Pregnant women with such risk factors have to be considered as risk pregnancies and need intensive surveillance.

PMID: 18293256 [PubMed - indexed for MEDLINE]

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