

EP 4529592 Obstructive Sleep Apnea: Prevalence, Clinical Impact and predictors

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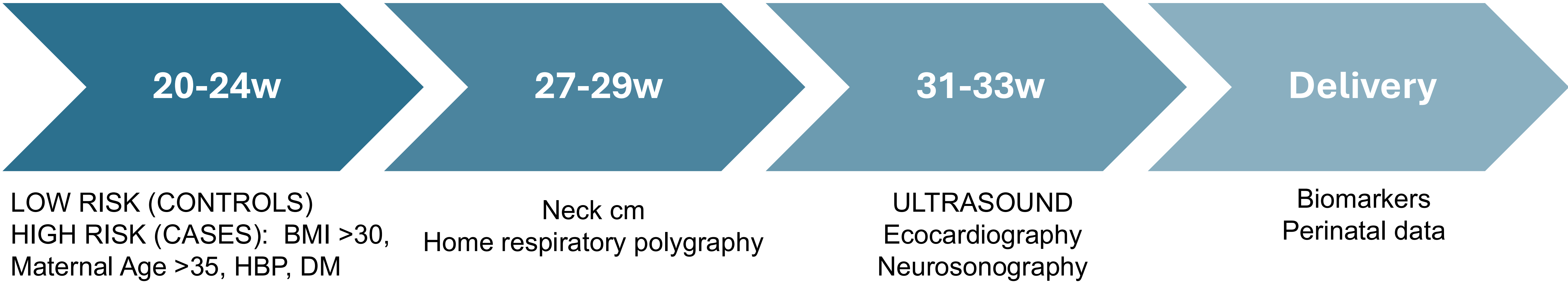
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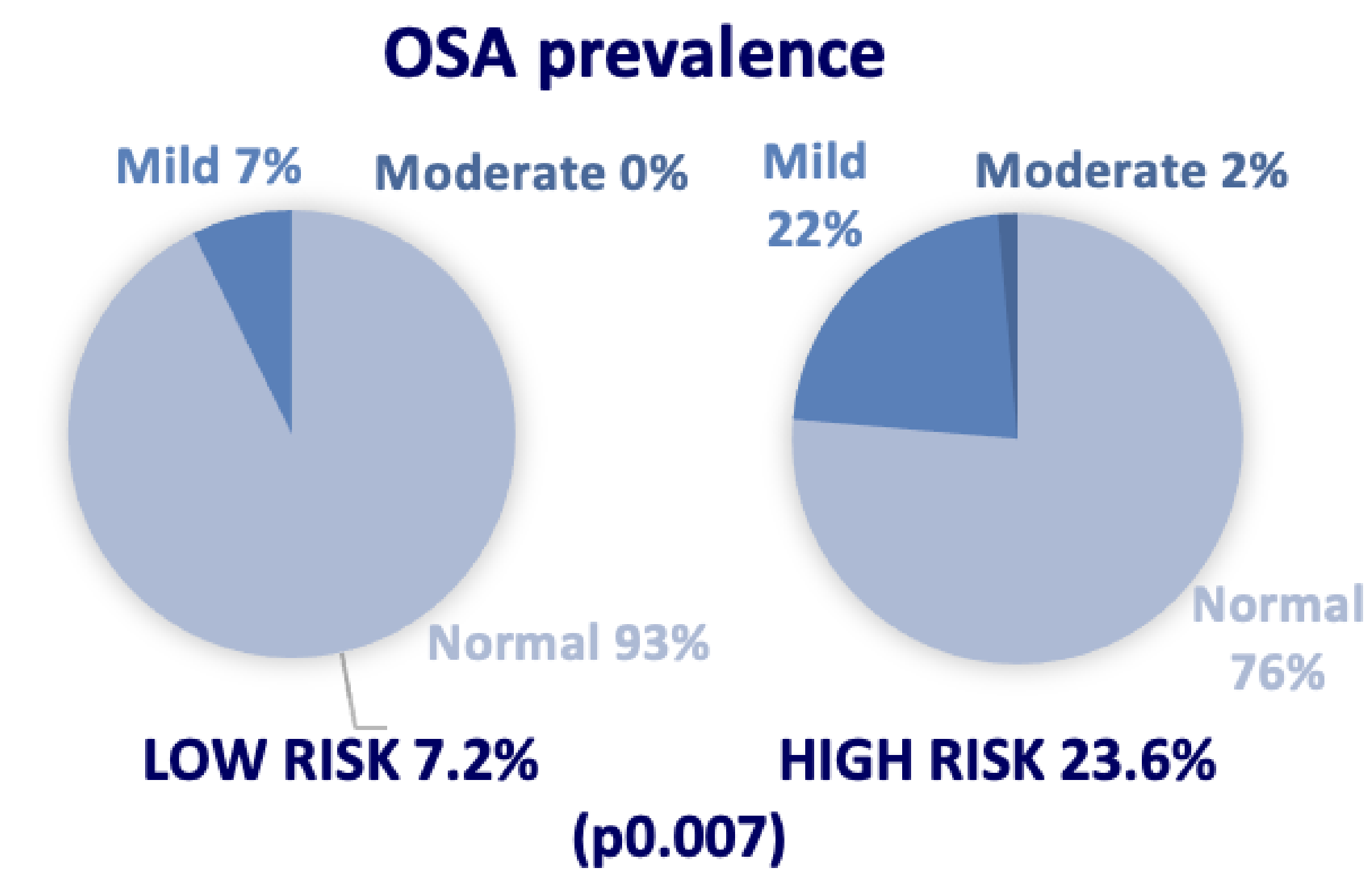
Aim

- Determine the prevalence of Obstructive Sleep Apnea (OSA) in pregnant women with cardiometabolic risk vs low-risk controls
- Evaluate its association with obstetric and perinatal outcomes
- Identify predictors of OSA.

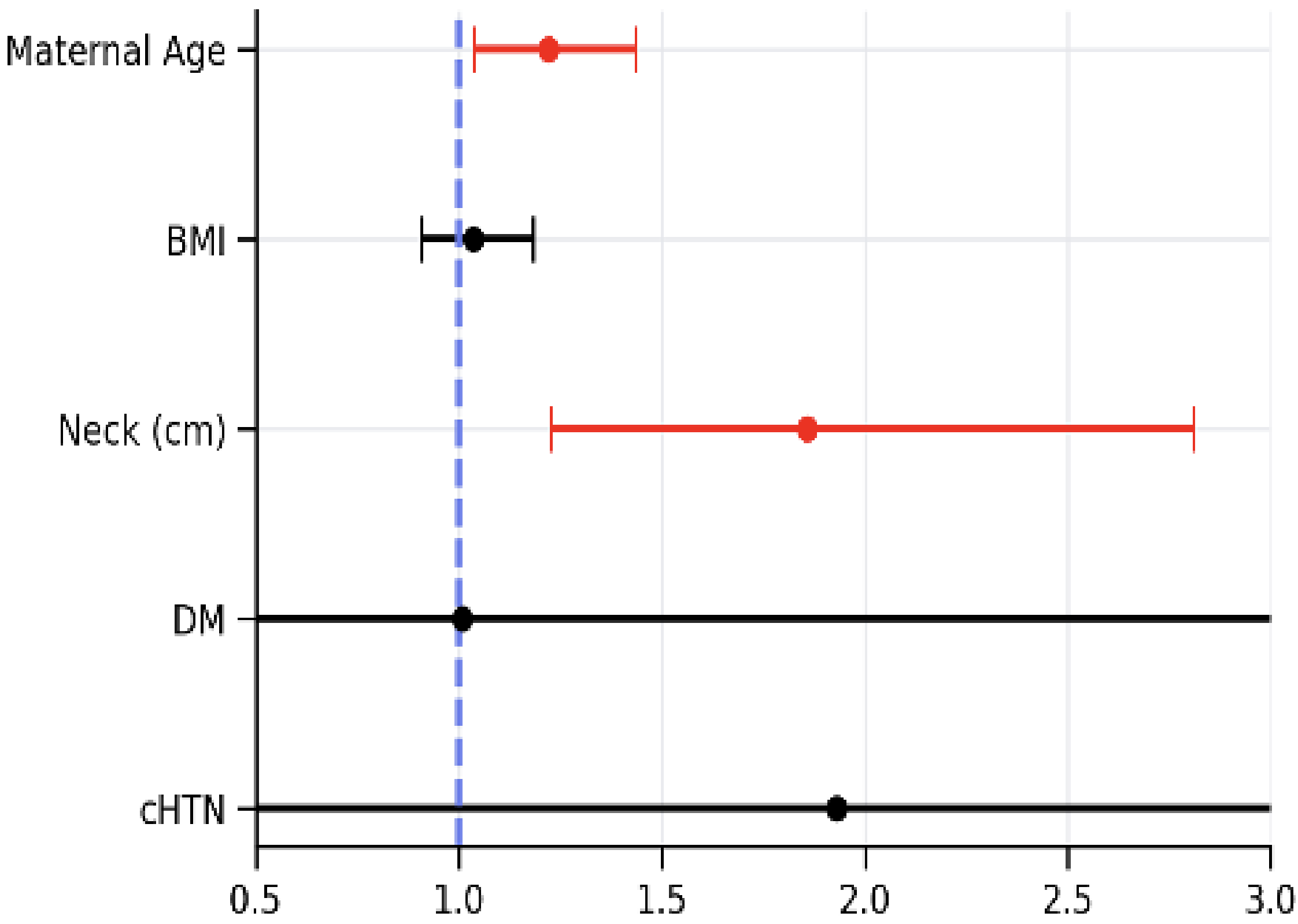
Methods



Results



OR adjusted



Maternal outcomes			
Variable	OSA	Non OSA	P value
36-37w systolic BP (mmHg)	124±11	117±11	0.029*
36-37w diastolic BP (mmHg)	79 ±8	73 ±9	0.013*
Hypertensive disorders of pregnancy	29.4%	7.6%	0.045*
Gestational Diabetes	23%	18%	0.23
Gestational Age Delivery	38.5± 1.9w	39.4 ±1.6w	0.014*
Induction	77%	47%	0.032*
C-Section	50%	33%	0.128

Neonatal outcomes			
Variable	OSA	Non OSA	P value
3rd trimester FEW (32w) g	2094±354	1903±249	0.008*
Percentile of FEW (32w)	73±26	51±26	0.001*
Arterial pH <7.10	3	2	0.17
Neonatal Complications	14%	14%	0.82
Respiratory Support	5%	6%	0.96

OSA is more prevalent in pregnant women with cardiometabolic risk (7.2% vs 23.6% p 0.007). OSA is an independent risk factor to develop hypertensive states during pregnancy (ORa 4.25; CI95% 1.06–16.97; p=0.041). Neck circumference and maternal age are main predictors of OSA (ORa 1.2 and 1.9)