Preeclampsia Tied to Offspring’s Stroke Risk

BY HEIDI SPLETE
Senior Writer

WASHINGTON — A maternal history of preeclampsia may identify adults who are at increased risk for stroke: Adults whose mothers had severe preeclampsia were almost twice as likely to have strokes as were adults whose mothers did not have preeclampsia, based on data from more than 6,000 singleton pregnancies in Finland.

This study is one of the first to examine the long-term health risks of the offspring of women who had preeclampsia, Dr. Eero Kajantie of the National Public Health Institute in Helsinki. Dr. Kajantie and his colleagues based their conclusion on a review of data from 6,410 members of the Helsinki Birth Cohort, who were born as singletons between 1934 and 1944.

Over all, 284 pregnancies (4.4%) were complicated by preeclampsia and 1,592 (24.8%) met criteria for hypertension without proteinuria. Among the children of these pregnancies, 464 (7.2%) had a diagnosis of coronary heart disease and 272 (4.2%) had a diagnosis of stroke. Diagnoses of CHD and stroke were collected from national hospital discharge records and death registries. The risk of stroke was almost twice as likely in the 164 adults whose mothers had severe preeclampsia (hazard ratio, 1.7), after the researchers controlled for sex, low birth weight, and gestational age.

Researchers also found that hypertension was a significant predictor of stroke, but was not a significant predictor of CHD.

Dr. Kajantie stated that he had no financial conflicts to disclose.

Cigarette Smoking Cessation

BY GERALD G. BRIGGS, PharmD, FCCP

Drugs, Pregnancy, and Lactation

The rate of cigarette smoking during pregnancy has declined to about 11%, but the prevalence is higher among younger (under 20 years) and older (over 35 years) women. Smoking remains a significant cause of embryonic, fetal, neonatal, infantile, and adolescent toxicity that includes growth restriction, a small increased risk for some birth defects, and an increased risk of maternal death.

The results of my book, “Drugs in Pregnancy and Lactation,” smoking is cited as a major cause of such pregnancy complications as premature birth, placental abruption, placenta previa, and premature rupture of the membranes (Philadelphia: Lippincott Williams & Wilkins, 2008). Because there is a dose-effect relationship between smoking and these toxicities, attempts to reduce smoking from pregnancy to or at least reduce, smoking during pregnancy. Unfortunately, cigarette smoking is heavily addictive and is a challenge to overcome.

The primary intervention strategy is nonpharmacologic (counseling, acupuncture, and hypnotherapy). A 2005 American College of Obstetricians and Gynecologists Committee Opinion detailed a counseling intervention known as the 5 As: Ask, Advise, Assess, Assist, and Arrange (Obstet. Gynecol. 2005;106:883-8), which also provided a number of resources for smoking cessation. Few studies that have been conducted with acupuncture and hypnotherapy have not clearly shown these therapies to be more effective than placebo for smoking cessation; larger and better-designed studies are warranted.

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