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PL03.1 Exercise in pregnancy*Bente Klarlund Pedersen(1)**(1) Centre of Inflammation and Metabolism (CIM), Rigshospitalet and University of Copenhagen, Denmark*

The Centers for Disease Control and Prevention has designated physical inactivity as an actual cause of chronic disease. In Denmark, physical inactivity is considered the number two actual cause of death and physically inactive people have a life span, which is 5 years shorter than physically active.

In line with an increasing focus on physical activity as a preventive action against Type 2 Diabetes and other lifestyle related chronic disorders, national guidelines in many countries now recommend a substantial level of physical activity during pregnancy. However, it has been questioned whether leisure time physical activity (LTPA) during pregnancy is beneficial or deleterious to pregnancy outcome, and whether a sedentary lifestyle during pregnancy has a negative impact on pregnancy. The prevailing literature clearly indicates that LTPA before and/or during pregnancy have a protective effect on the development of gestational diabetes mellitus and pre-eclampsia. Furthermore, LTPA does not seem to have a negative impact on the rate of preterm delivery or on birth weight, whereas it is controversial whether a high amount of intense exercise during early pregnancy increases the risk of miscarriage.

In the light of the available findings, it seems justified to encourage healthy pregnant women who are already physically active at the onset of pregnancy to maintain their activities but to reduce their intensity and to encourage pregnant women who are not already physically active to initiate physical activity.

PL03.2 Bariatric surgery: indications and reproductive outcomes*Roland Devlieger (1), Poppe A (1), Vansant G (2), Guelinckx I (2)**(1)Departments of 1Obstetrics and Gynaecology, University Hospital Leuven, Belgium**(2) Nutrition-Public Health Medicine, Catholic University Leuven, Belgium*

BACKGROUND: After many cycles of weight loss and gain, more and more morbidly obese patients undergo bariatric surgery, like gastric banding or gastric bypass, as the ultimate treatment for their obesity-problem. Since women of reproductive age are candidates for bariatric surgery, concerns arise regarding the potential impact on future pregnancy.

METHODS: English-language articles were identified in a PUBMED search from 1982 to January 2008 using pregnancy and bariatric surgery or gastric bypass or gastric banding as keywords.

RESULTS: The few reported case-control and cohort studies show improved fertility and a reduced risk in obstetrical complications, including gestational diabetes, macrosomia and hypertensive disorders of pregnancy, in women after operatively induced weight loss when compared to morbidly obesity women. The incidence of intra-uterine growth restriction (IUGR) appears to be increased, however. No conclusions can be drawn concerning the risk for preterm labour and miscarriage, although these risks are probably increased compared to BMI matched controls. Operative complications are not uncommon with bariatric surgery and several cases have pointed to the increased risk for intestinal hernias and nutritional deficiencies in subsequent pregnancy. Deficiencies in iron, vitamin A, vitamin B12, vitamin K, folate, and calcium can result in both maternal complications, such as severe anemia, and fetal complications, such as congenital abnormalities and failure to thrive.

CONCLUSIONS: Close supervision before, during, and after pregnancy following bariatric surgery and nutrient supplementation adapted to the patient's individual requirements can help to prevent nutrition-related complications and improve maternal and fetal health, in this high risk obstetric population.

THURSDAY JUNE 17