

Women with schizophrenia at higher risk of pregnancy and delivery complications

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Women with schizophrenia are nearly twice as likely to experience pre-eclampsia, pre-term birth and other serious pregnancy and delivery complications as women without the condition, a landmark study by researchers at the Institute for Clinical Evaluative Sciences (ICES) and Women's College Hospital has found.

The first-of-its-kind study, published today in the *British Journal of Obstetrics and Gynecology*, is the first to report high birth weights, and increased rates of hypertension and thromboembolic disease in pregnant women with schizophrenia.

"Traditionally, women with schizophrenia have had low [fertility rates](#), and little attention was paid to their [reproductive health](#)," said Dr. Simon Vigod, lead author of the study, a psychiatrist at Women's College Hospital and a scientist at ICES. "But recently, with fertility rates on the rise among these women, we must now turn our attention to ensuring their reproductive health and that of their babies."

The population-based study of women aged 15 to 49 who gave birth to a live or stillborn infant in Ontario from 2002 to 2011 also found that:

- Prior to pregnancy, women with schizophrenia were three times more likely to have diabetes mellitus (3.9 per cent vs. 1.2 per cent), chronic hypertension (3.7 per cent vs. 1.9 per cent) and thromboembolic disease (1.7 per cent vs. 0.5 per cent) than women without the condition.

- Women with schizophrenia required more intensive hospital resources, including operative delivery and maternal ICU admission, paralleled by higher neonatal morbidity.
- Women with schizophrenia were more likely to experience placental abruption and septic shock, require labour induction and caesarean section, to be transferred to an intensive care unit and readmitted to hospital after discharge.
- Women with schizophrenia also had more than five times the risk of death one year after giving birth.
- Infants born to mothers diagnosed with schizophrenia were at increased risk of preterm birth, and tended to be abnormally small or large in weight, compared to infants of unaffected mothers.

"This study gives us the information and tools to begin to look at what interventions we can put in place to help reduce the risk of pregnancy and delivery complications for women with [schizophrenia](#)," added Dr. Vigod. "That might include providing better education so that these [women](#) can make informed reproductive decisions, and ensuring the best medical care possible before, during and after pregnancy," adds Vigod.

More information: The study "Maternal and newborn outcomes among women with schizophrenia: a retrospective population based cohort study," was published this week in *British Journal of Obstetrics and Gynecology*.

Provided by Women's College Hospital

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