

Elevated upper body position improves respiratory safety in women following childbirth

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A study published on April 23 in the Online First section of the journal *Chest* finds an elevated upper body position might improve respiratory safety in women early after childbirth without impairing sleep quality. Pregnancy-related maternal death occurs in 10 to 13 of 100,000 pregnancies and is attributable to anesthesia in 0.8 to 1.7 percent of the cases. A main cause of anesthesia-related maternal death is postpartum airway obstruction.

"Women who sleep with their upper bodies propped up 45 degrees in the days following childbirth can significantly reduce their risk of postpartum airway obstruction, a meaningful symptom of obstructive sleep apnea early after delivery," said Dr. Matthias Eikermann, study author, Clinical Director in the Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital.

Although [obstructive sleep apnea](#) (OSA) is less common in young women, [sleep apnea](#) was found in 4.9 percent in a cohort of pregnant women. In addition, OSA worsens as pregnancy progresses and is likely to persist into the early postpartum period. In the general population, the severity of OSA depends on [body position](#) in more than 50 percent of patients. Upper body elevation improves upper airway size and collapsibility during anesthesia and sleep. Consequently, elevated body position may be sufficient to ameliorate pregnancy-related OSA.

Elevated upper body position provides a noninvasive, low technology treatment alternative for pregnancy-related OSA during the early postpartum period.

More information: The complete study, "Elevated upper body position improves pregnancy-related obstructive sleep apnea without impairing sleep quality or sleep architecture early after delivery," is available for download in the Online First section of the journal *CHEST*: <http://bit.ly/1Ek6PAq>

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