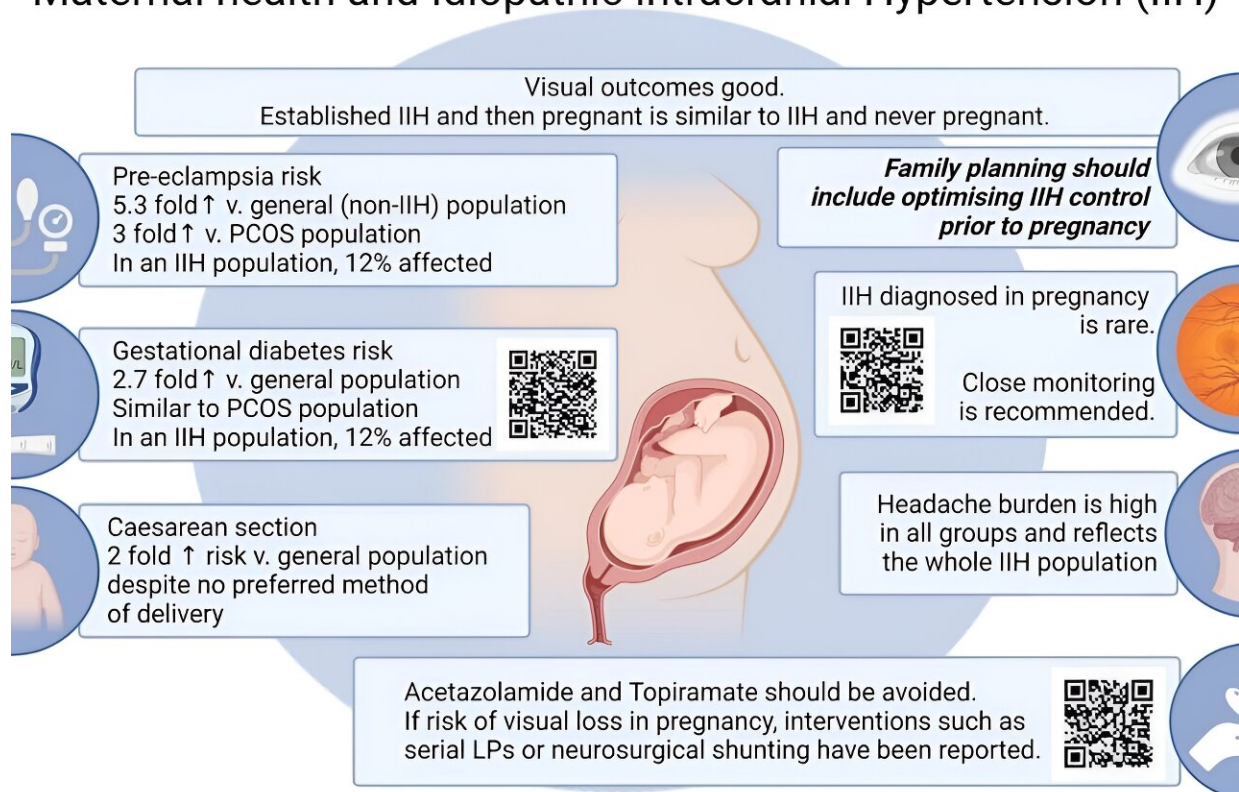


# IIH patients require closer monitoring during pregnancy for pre-eclampsia, gestational diabetes, research shows

October 13 2023

## Maternal health and Idiopathic Intracranial Hypertension (IIH)



Idiopathic intracranial hypertension (IIH) pregnancy infographic. Credit: University of Birmingham

Published in the *BJOG: An International Journal of Obstetrics and Gynaecology*, a [study](#) unexpectedly found that pregnancies in idiopathic intracranial hypertension (IIH) patients were associated with a 12% risk of pre-eclampsia and gestational diabetes. This was five times and 2.7 times higher in IIH patients than in the general population respectively.

The pre-eclampsia risk for IIH patients was also higher than patients with polycystic ovarian syndrome (PCOS) but without IIH. The reasons for these increased risks may be due to multiple factors and further research is needed to better understand why this is.

IIH is a condition associated with raised fluid pressure ([cerebrospinal fluid](#)) around the brain. This raised pressure can press on the nerves carrying visual messages from the eye ([optic nerve](#)), causing swelling known as papilledema which if not treated can lead to visual loss. Headaches and other symptoms are often problematic in and debilitating in people with IIH. It predominantly affects women of reproductive age with obesity. However, despite this there has been limited research into the relationships between IIH and [pregnancy](#).

To address this further, another related research study [published in Neurology](#), which is the largest study of pregnancy and IIH to date, was carried out in Birmingham. It showed good visual outcomes in IIH patients who had a subsequent pregnancy, and highlights that, where possible, controlling IIH, ideally so optic nerve swelling has settled, prior to a planned pregnancy is recommended. Patients diagnosed with IIH for the first time in pregnancy was rare, but had worsening optic nerve swelling during pregnancy, and need closer monitoring throughout pregnancy.

Cesarean sections as a method of delivery were twice as likely in patients with IIH. This is despite international guidance highlighting that IIH alone is not a reason for surgical delivery. It is however unclear whether

this was because of doctors' decisions, patient choice, other [health problems](#) or a combination of these.

Dr. Mark Thaller, first author of both publications and Clinical Lecturer in Neurology at the Institute of Metabolism and Systems Research in the University of Birmingham, said "Maternal health has been under researched for too long. The impact that [health conditions](#) and pregnancies have on each other need further research to enable better guidance and support to be provided. We hope that through investigating IIH and pregnancy, IIH patients will be able to get early and effective support throughout pregnancy and in childbirth."

Professor Alexandra Sinclair, Professor of Neurology at the Institute of Metabolism and Systems Research, said "This research is of clear importance. The data highlights that close working with obstetricians is key to optimize [reproductive health](#) in [female patients](#) with IIH."

**More information:** Mark Thaller et al, Idiopathic intracranial hypertension: Evaluation of births and fertility through the Hospital Episode Statistics dataset, *BJOG: An International Journal of Obstetrics & Gynaecology* (2022). [DOI: 10.1111/1471-0528.17241](https://doi.org/10.1111/1471-0528.17241)

Mark Thaller et al, Disease Course and Long-term Outcomes in Pregnant Women With Idiopathic Intracranial Hypertension, *Neurology* (2023). [DOI: 10.1212/WNL.0000000000206854](https://doi.org/10.1212/WNL.0000000000206854).  
[n.neurology.org/content/100/15/e1598](https://www.neurology.org/content/100/15/e1598)

Provided by University of Birmingham

Citation: IIH patients require closer monitoring during pregnancy for pre-eclampsia, gestational diabetes, research shows (2023, October 13) retrieved 28 April 2024 from

<https://medicalxpress.com/news/2023-10-iih-patients-require-closer-pregnancy.html>

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