

Supine, non-left-sided sleep not linked to pregnancy outcomes

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interval, 0.89 to 1.14) or third visit (adjusted odds ratio, 0.99; 95 percent confidence interval, 0.89 to 1.11) was not associated with the composite outcome or any individual outcome, with the exception of an apparent protective effect for stillbirth at the third visit (adjusted odds ratio, 0.27; 95 percent [confidence](#) interval, 0.09 to 0.75). The likelihood of having the composite outcome was not increased with objectively measured supine sleep position for >50 percent versus ≤50 percent of the time.

"These data should provide reassurance to women regarding [sleep](#) position through 30 weeks of gestation," the authors write.

Two authors disclosed financial ties to the medical technology industry.

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(HealthDay)—Supine or non-left-sided sleep through 30 weeks of gestation is not associated with adverse pregnancy outcomes, according to a study published online Sept. 10 in *Obstetrics & Gynecology*.

Robert M. Silver, M.D., from the University of Utah in Salt Lake City, and colleagues examined the correlation between maternal sleep position and adverse pregnancy outcomes among 8,706 nulliparous women with singleton gestations. Participants completed sleep questionnaires between 6 0/7 and 13 6/7 weeks of gestation and 22 0/7 and 29 6/7 weeks of gestation at the first and third of three visits.

The researchers found that the primary outcome (composite of adverse [pregnancy](#) outcomes such as stillbirth, small-for-[gestational age](#), and gestational hypertensive disorders) occurred in 22 percent of pregnancies. Reported non-left lateral or supine sleep during the last week of the first visit (adjusted odds ratio, 1.00; 95 percent confidence

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