



Maternal Betablocker use and risk of Small-for Gestational-Age Infant in women with cardiac disease

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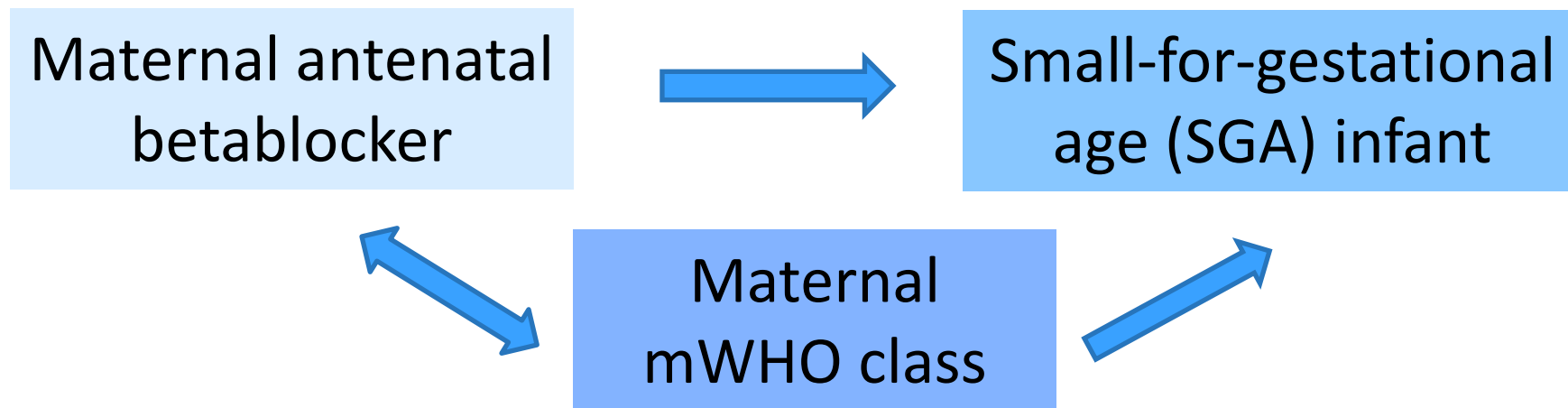
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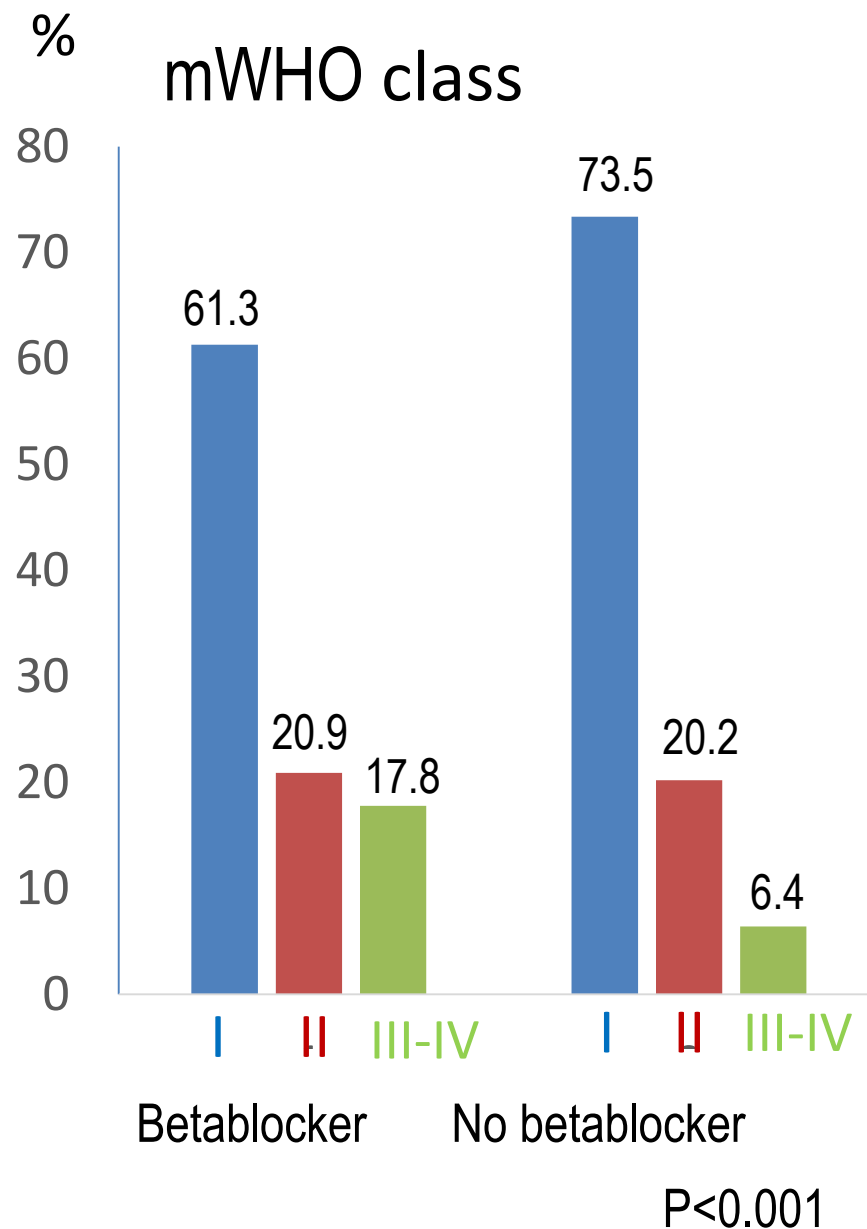


- Retrospective cohort 2006-2015 Oslo, Norway
- N=540, structural and non-structural cardiac disease
- Linear and logistic regression models

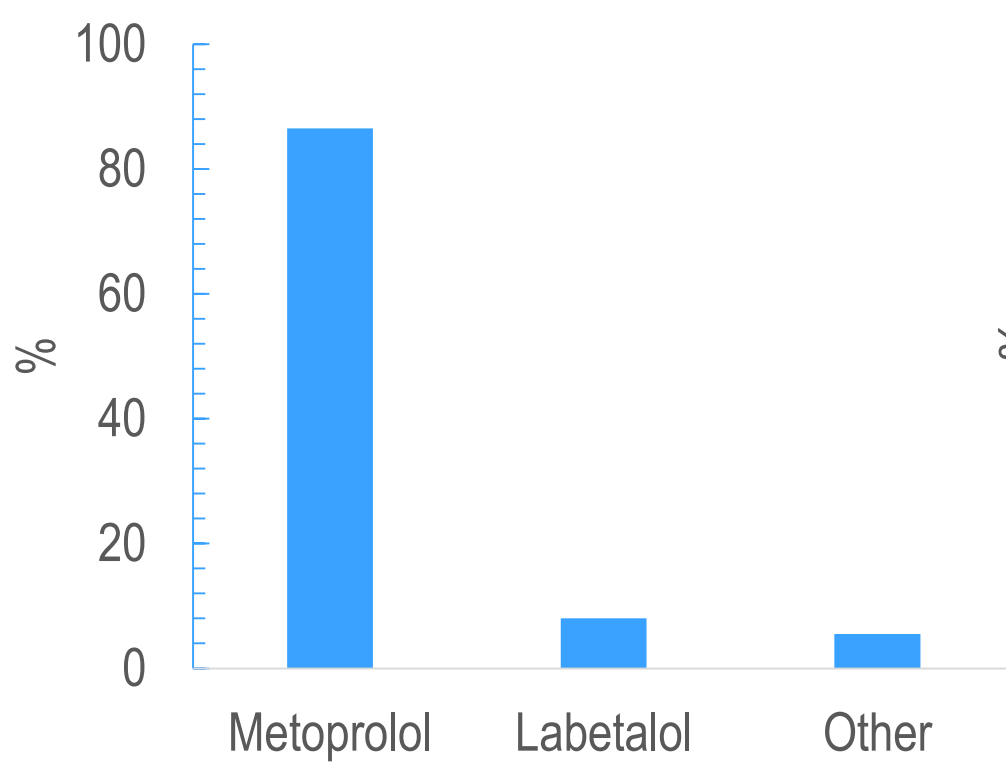
Small-for-gestational age: birthweight <10th centile for gestational age and sex
mWHO = modified World Health Organization classification of cardiac disease in pregnancy

RESULTS

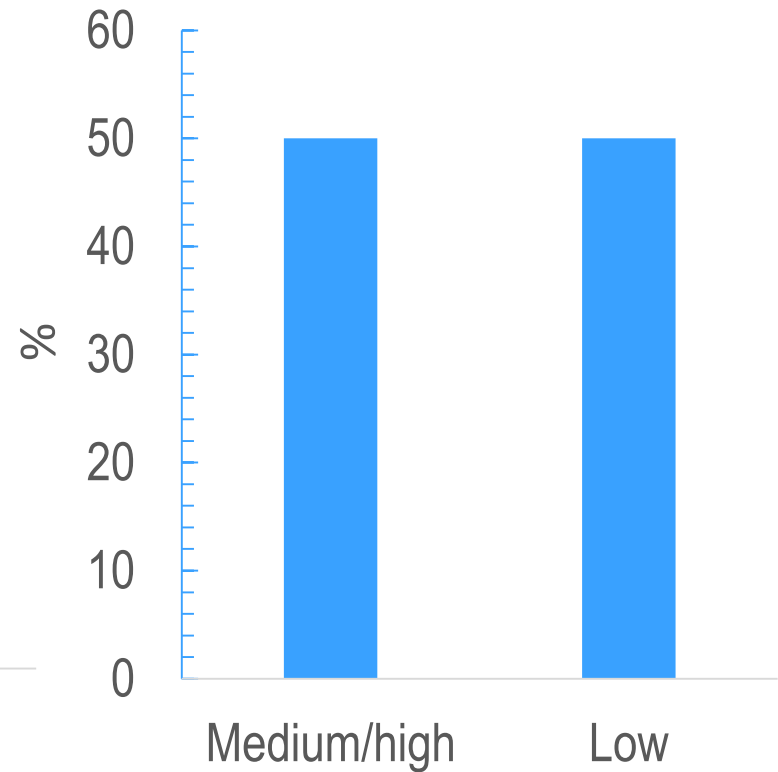
	Beta-blocker	No betablocker
N (%)	163 (30.2)	377 (69.8)
Gest.age	37+5	38+6
Preecl (%)	10.4	1.9
BMI	24.8	23.5
W.gain (kg)	12.6	12.5



RESULTS



Type



Dose

Other: Atenolol, Carvediol, Nadolol, Sotalol

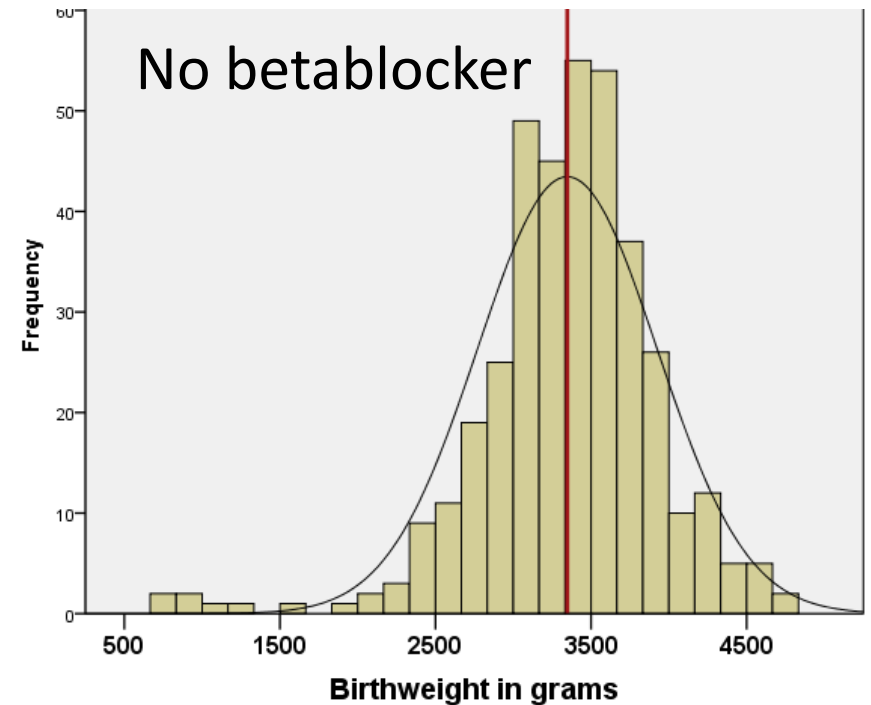
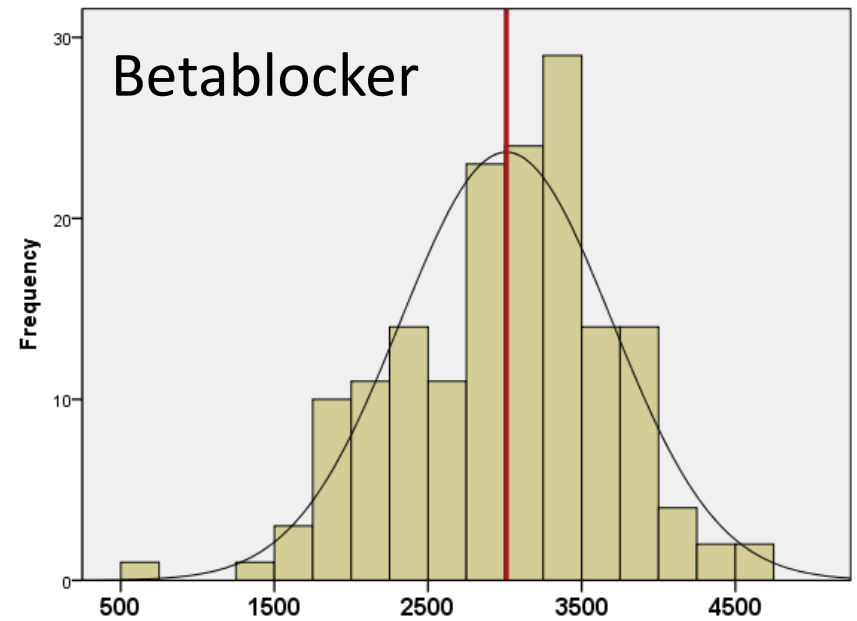
Medium/high: ≥ 75 mg metoprolol
 ≥ 100 mg labetalol

RESULTS

Mean BW: **3009g (SD 687)**
Mean z-score: -0.52 (-0.67-0.40)

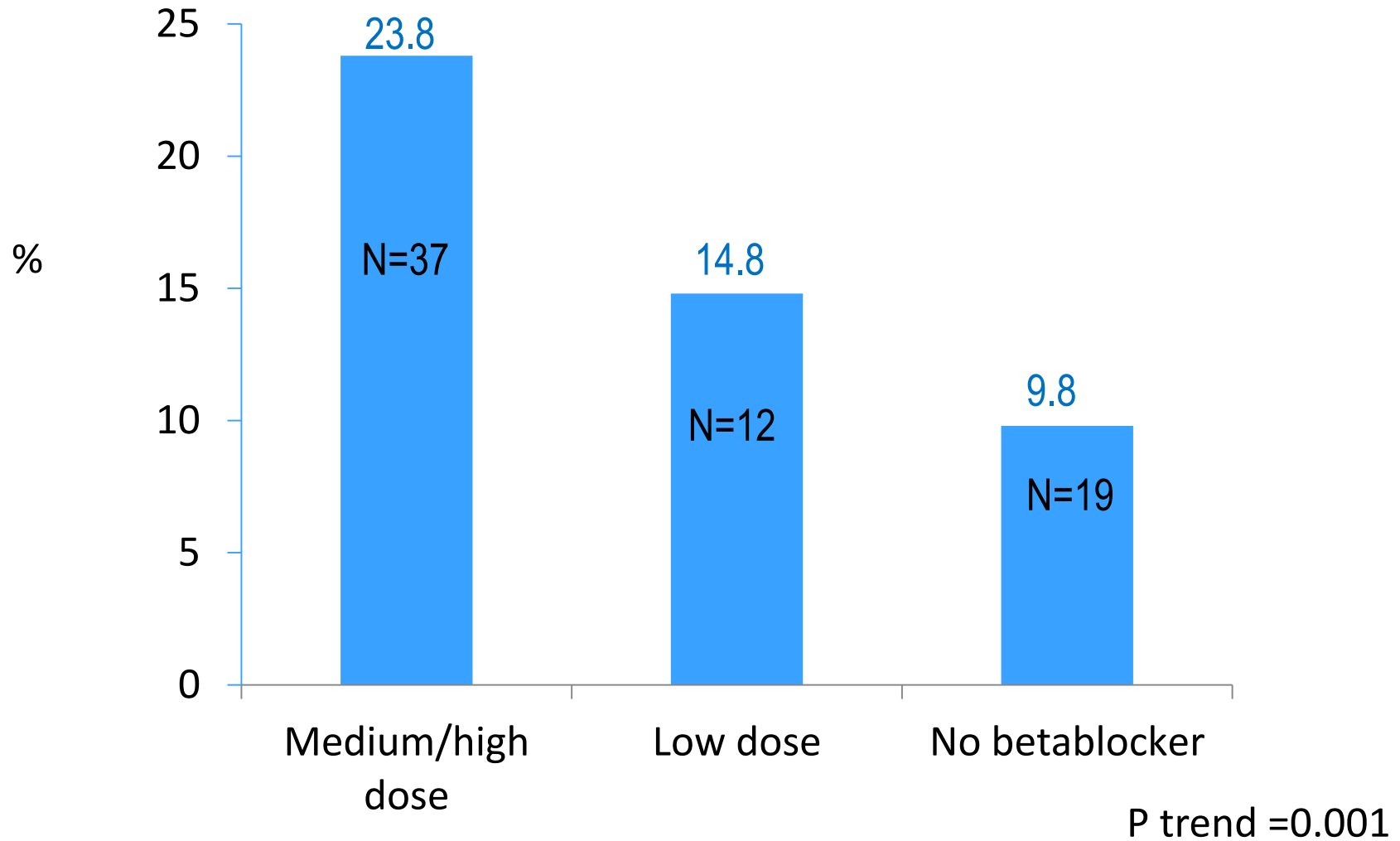
Mean BW: **3347g (SD 577)**
Mean z-score: -0.25 (-0.33-0.16)

Crude B=-334 (-451, -
259)



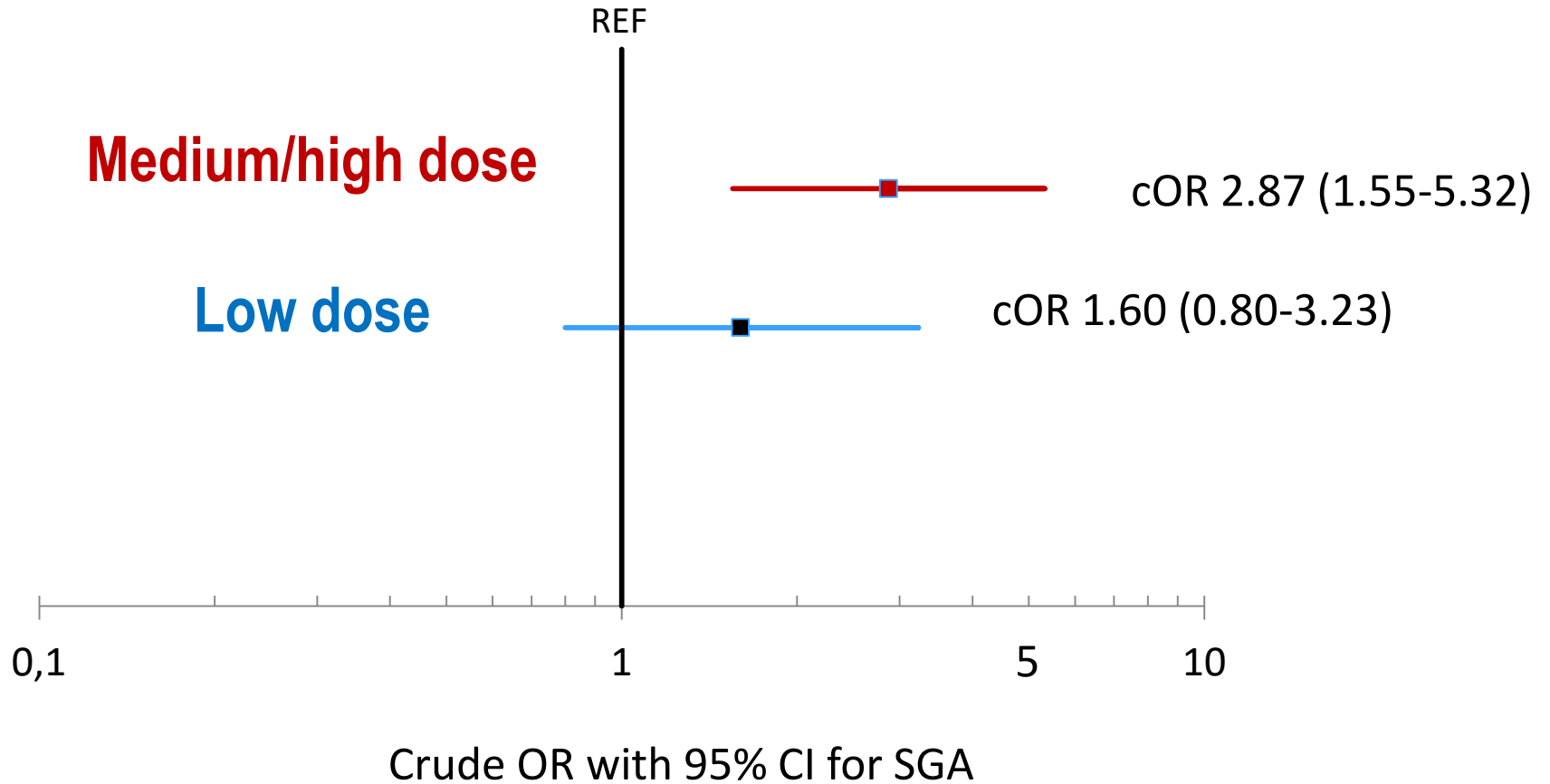
RESULTS

Proportions of SGA



RESULTS of SGA

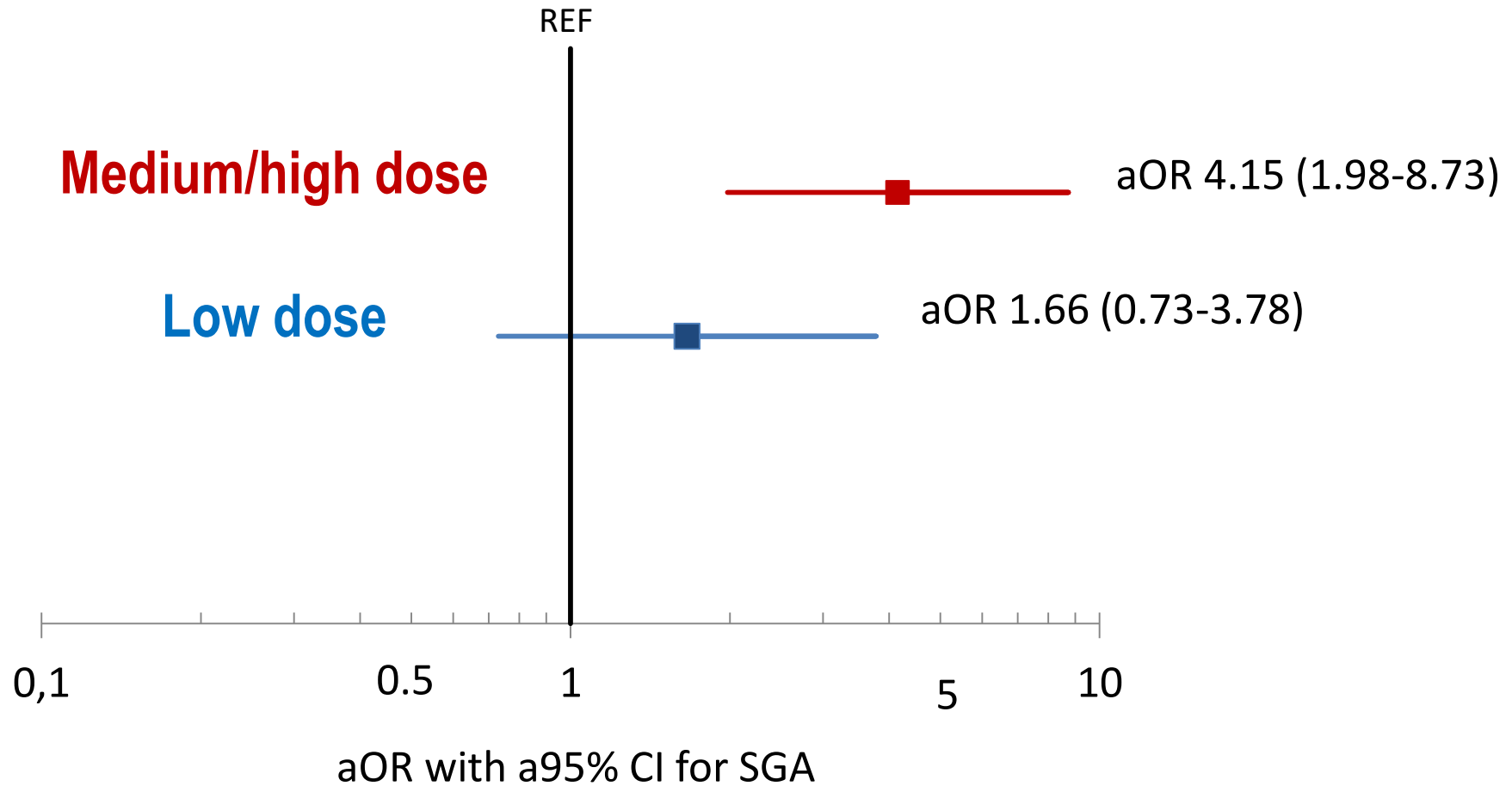
Crude risk



RESULTS

SGA

Adjusted risk of



*Adjusted for mWHO class, preeclampsia, BMI, weight gain

CONCLUSIONS AND CLINICAL IMPLICATIONS

- Dose-response relationship betablocker-SGA
- Risk of SGA increased x 4.2 in medium/high dose
- Close fetal growth monitoring with medium to high betablocker dose

