Celebrating 30 years of the MIDSPAN Studies







Women, reproduction and their hearts Naveed Sattar

Low birth weight







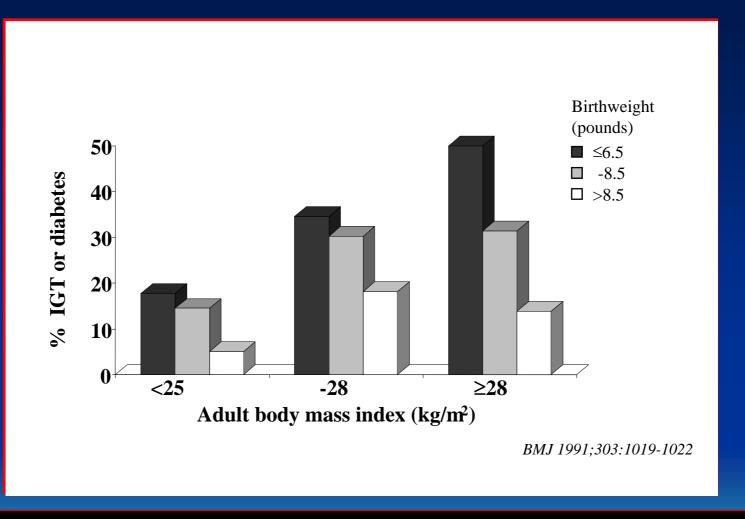


Poor fetal nutrition

Adaptations
•metabolic
•cardiovascular
•endocrine

Permanent changes in structure / function

Birth weight and diabetes in later life



Prevalence of IGT and Type 2 diabetes (%), Hertfordshire men aged 60-71 (n=370)

LBW vs Risk factors

- Blood pressure
- Type 2 diabetes
- Insulin resistance
- Lipids
- Fibrinogen
- Central obesity (waist/hip or subscapular/triceps ratios)
- INFLAMMATION

But does pregnancy outcome tell us about mums future risk?





Defective implantation ↓ Fetal nutrition

Subtle CHD risk factors / genetic make-up MUM



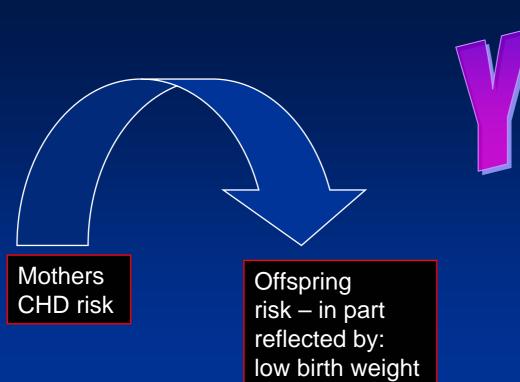
Adverse placental development



IUGR PE pregnancies

Mothers vascular risk according to pregnancy outcome?

		ssociation with CHD mortality orbidity [Hazard Ratios (95% CI)]
Pre-eclampsia	2-4%	1.9 (1.0-3.5) vs PIH alone 1.7 (1.3-2.2) vs no PE 2.0 (1.5-2.5) vs no PE
Low birth weight (<2500g)	5%	11.3 (3.5-36.1) vs ≥ 3500g 7.1 (2.6-18.7) vs ≥ 3500g
Pre-term delivery (<37 weeks)	5-6%	1.8 (1.3-2.5) vs term delivery 2.1 (1.2-3.5) vs term delivery
Gestational diabetes	1.9-5%	↑ risk of type 2 diabetes, especially if recurrence of gestational diabetes in a subsequent pregnancy.





3rd generation offspring risk

MIDSPAN

More than 1000 mothers

already characterized for several pathways
blood pressure, adiposity, lipids, clotting, inflammation, oxidation

We have collected their pregnancy outcome data

Power sufficient to examine interaction of LBW vs mothers phenotype

Indirect benefit of Midspan

- IUGR follow-up
- Mothers 70% smoking rate vs 30% controls
 - Major reason for risk factor profile
 - ICAM-1, CRP, trigs, vascular dysfunction



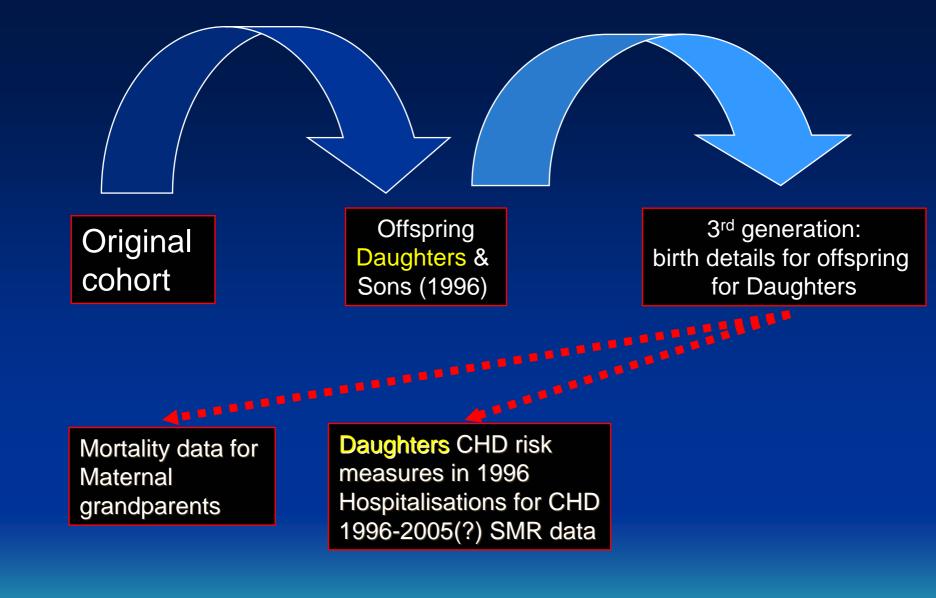
Obesity rising – at risk larger babies?

	1990	02/04
Number in study	203	312
Maternal age (yrs)	28.0	27.8
Obese %	9.4%	18.9%



Obesity

Overweight women may 'overfeed'
their developing offspring –
glucose, FFAs, etc with excess fat
deposition



Immediate goal

 Women with a history of adverse pregnancy outcome are at increased risk of metabolic and vascular diseases in later life

 These associations suggest common disease mechanisms for pregnancy complications and CHD that may be explained through common genotypes or phenotypes

Sattar & Greer BMJ (2003)

Programme grant to BHF In submission

Eventual goal

"The possibility that maternal vascular risk factors, potentially 'modifiable' prior to pregnancy, correlate with increased risk of pre-eclampsia, pre-term delivery and low birth weight, and thus also fetal programming, requires further investigation"

CHD Incidence in Women



Population

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