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## A systematic review of inter and intra-generational influences on pregnancy and birth outcomes

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**Background:** Pregnancy and birth outcomes are affected by familial factors, individual variables and social and population norms. Clinical features that are outside of population norms, but consistent between family members, may be physiological for those individuals. Identifying a typical familial benchmark for a primarily healthy pregnant and laboring population may differentiate individuals in whom these features indicate healthy progress from those for whom they are indicators of potential complications.

**Aim:** To map and analyze empirical data on the familial occurrence of specific pregnancy and labour influences within and between two generations.

**Methods:** The search strategy included pre-determined key terms in EMBASE, MEDLINE, ERIC, and Maternity and Infant Care (from inception to January 2014). No language restrictions were applied. Data were synthesized, and key outcomes were compared, categorized, and graphically presented.

**Results:** From 723 hits, 25 quantitative cohort studies were included. Seven familial variables were investigated: gestational age, preterm birth, prolonged pregnancy, dystocia, cesarean section, birth weight, and fetal growth restriction including small for gestational age and intrauterine growth restriction. Findings indicated that any combination of familial factors (mother, mother and father, parents' siblings and siblings) might increase their inter- and intra-generational influence.

**Conclusion:** Maternal pregnancy and birth phenomenon can also be experienced by daughters. Repeated atypical patterns may be associated with either favorable or adverse outcome. More research on how familial history might be replicated in daughters/sisters, and in what circumstances this is likely to be physiological or pathological is needed.

**Application to Practice:** The results of this review could be used to inform obstetric history taking in clinical practice, and to guide clinical decision making in partnership with women who have an atypical presentation of a certain clinical phenomenon in pregnancy and during labour. This could minimize unnecessary interventions for many women and expedite interventions in the few who do need them.

### Biography

Mindy Ebrahimoff is an Israeli qualified Nurse/Midwife with over 25 years of experience in Maternal/Infant Health Care. She was working as a Midwife in a large hospital in Tel Aviv and she provides care to a diverse group of women. She received her Master of Science in Midwifery and Women's Health from the University of Central Lancashire, UK, where she focused her research on primiparas' intentions and beliefs as a predictor of mode of delivery. Currently, she is pursuing her PhD in Midwifery at UCLan. She teaches midwifery students both in the classroom and in the clinical setting. She is conscientious in giving knowledge to students about physiological births with a strong emphasis on birth as a normal event in an increasingly medicalised setting.

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