

# IPHRC NEWS

*Iowa Perinatal Health Research  
Collaborative*



Members of the IPHRC attended a conference in May 2019

## NATIONAL PERINATAL DEPRESSION RESEARCH ENGAGEMENT SYMPOSIUM

### Conference Summary

Members of the IPHRC attended a two-day symposium, bringing together leading perinatal depression assessment and treatment experts with patients who are interested in research engagement. The symposium comprised of talks, a keynote lecture, panel discussions, a poster session, and a workshop. Many attendees lacked experience collaborating with patients in research, so it was exciting to experience the new model.

### Key Findings

Patient-researchers brought an immediacy to the work, emphasizing the reality of perinatal depression and energizing the discussion of possible treatments and interventions. Patients articulated the need for more extensive training for both parents and researchers around Patient-Centered Outcomes Research, planting the seed for the next project.

*"I thought it was a meaningful example of how community members, providers, and research scientists can collaborate effectively to answer important questions and implement impactful results regarding perinatal mental health."*

*-Francesca Scheiber*





# RECENT PUBLICATIONS

## Grant Submissions:

### Pregnancy Outcomes and Experiences in Women with Rheumatic Disease

Evidence is emerging that women with rheumatoid arthritis (RA) are at an increased risk for delivering before 37 post-menstrual weeks, referred to as preterm birth (PTB). Despite this, little is currently known about the direct mechanisms that lead to PTB in women with RA. To better understand the impact of RA in pregnancy, particularly on PTB, it is essential that research includes both quantitative analyses of large population-based cohorts and qualitative data from women most affected by these conditions and outcomes.

The objectives of our study are: **Aim 1:** To estimate the prevalence of RA and other rare inflammatory arthritic diseases in a nationally representative 10-year sample of the US obstetric population; **Aim 2:** To examine the relationship between RA and PTB in a nationally representative sample and identify clinical characteristics that influence these effects; and **Aim 3:** To identify unmet informational needs and barriers in perinatal care for women with RA and PTB.

### Maternal dyslipidemia and risk for preterm birth

Smith CJ, Baer RJ, Oltman SP, Breheny PJ, Bao W, Robinson JG, Dagle JM, Laing L, Feuer SK, Chambers CD, Jelliffe-Pawlowski LL, Ryckman KK

Maternal lipid profiles during pregnancy are associated with risk for preterm birth. This paper investigates the association between maternal dyslipidemia and subsequent preterm birth among pregnant women in the state of California.

Births were identified from California birth certificate and hospital discharge records from 2007-2012. Preterm birth was defined as <37 weeks completed gestation and dyslipidemia was defined by diagnostic codes. Subtypes of preterm birth were classified as preterm premature rupture of membranes (PPROM), spontaneous labor, and medically indicated, according to birth certificate data and diagnostic codes.

Maternal dyslipidemia was significantly associated with increased odds of preterm birth. This finding was consistent across all subtypes of preterm birth, including PPRM, spontaneous, and medically indicated. This study suggests that maternal dyslipidemia is associated with increased risk for all types of preterm birth.

### Impact of autoimmune rheumatic diseases on birth outcomes: a population-based study

Strouse J, Donovan BM, Fatima M, Fernandez-Ruiz R, Baer RJ, Nidey N, Forbes C, Bandoli G, Paynter R, Parikh N, Jelliffe-Pawlowski L, Ryckman KK, Singh N

Autoimmune rheumatic diseases (ARDs) affect women of childbearing age and have been associated with adverse birth outcomes.

The impact of diseases like ankylosing spondylitis and psoriatic arthritis (PsA) on birth outcomes remains less studied to date. Our objective was to evaluate the impact of ARDs on preterm birth (PTB), congenital anomalies, low birth weight (LBW) and small for gestational age (SGA), in a large cohort of women.

We matched 10,244 women with a recorded ARD diagnosis (rheumatoid arthritis (RA), systemic lupus erythematosus (SLE), antiphospholipid syndrome (PSA); ankylosing spondylitis and juvenile idiopathic arthritis (JIA)) to those without an ARD diagnosis.

Consistent with prior literature, we found that women with ARDs are more likely to have PTB or deliver an SGA infant. Some reassurance is provided that an increase in congenital anomalies was not found even in this large cohort.

# SAVE THE DATE

## NEXT CAB MEETING:

NOVEMBER 12, 2019  
7:00 - 8:00 PM  
NORTH LIBERTY REC CENTER  
GUEST SPEAKER: KAREN TABB



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