



Maternal - Fetal Tıp ve Perinatoloji Derneği



23-06-1998

Obstetric complications and management in women with polycystic ovary syndrome



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SUBFERTILITY

INFERTILITY



Perinatal problems; Main Maternal or Paternal causes versus ART ?



Adverse obstetric and perinatal outcomes of singleton pregnancies may be related to maternal factors associated with infertility rather than the type of assisted reproductive technology procedure used

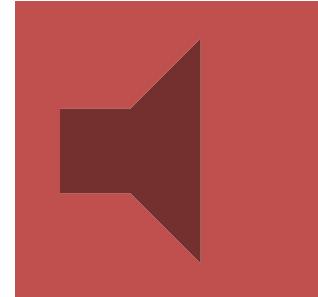
Comparison of adverse obstetric outcomes between the groups that underwent specific types of ART procedures and the corresponding matched controls.

Outcome	Ovulation stimulation		IUI		IVF-ET	
	OR	95% CI	OR	95% CI	OR	95% CI
Pregnancies						
PIH	1.06	0.87–1.28	0.88	0.70–1.09	0.74	0.62–0.89
Eclampsia	0.65	0.16–2.73	0.41	0.09–1.85	0.31	0.08–1.15
Placenta abruption	1.35	0.88–2.08	0.98	0.59–1.62	1.21	0.79–1.87
Placenta previa	1.77	1.24–2.54	1.46	1.03–2.08	2.2	1.68–2.87
Placenta accrete	0.6	0.28–1.31	1.51	0.80–2.84	2.67	1.42–5.03
PTD <37 wk of gestation	1.29	1.15–1.45	1.16	1.01–1.33	1.29	1.16–1.45
PTD <34 wk of gestation	1.31	1.11–1.54	1.22	1.01–1.47	1.33	1.13–1.57
Type of delivery						
Spontaneous cephalic	0.91	0.83–0.99	0.87	0.79–0.96	0.75	0.69–0.81
Instrumental	0.95	0.82–1.11	1.07	0.91–1.26	1.01	0.87–1.66
Elective cesarean	1.06	0.93–1.20	1.09	0.95–1.26	1.38	1.23–1.55
Emergency cesarean	1.11	0.99–1.25	1.11	0.98–1.26	1.19	1.07–1.32
Others	1.68	1.11–2.55	1.2	0.66–2.16	0.82	0.47–1.44
Postpartum hemorrhage	1.24	0.99–1.56	1.23	0.95–1.60	1.46	1.18–1.81
ICU admission	0.36	0.04–3.48	0.77	0.20–2.98	0.19	0.02–1.60
Maternal death	0.54	0.05–5.99	1.13	0.10–12.45	0.47	0.04–5.14
Infants						
Birth weight, g						
<2,500	1.35	1.21–1.50	1.17	1.04–1.32	1.27	1.15–1.40
<1,500	1.36	1.13–1.64	1.23	0.99–1.52	1.3	1.08–1.57
<1,000	1.77	1.34–2.32	1.38	1.01–1.88	1.44	1.09–1.90
SGA	1.45	1.21–1.73	1.27	1.04–1.55	1.12	0.94–1.33
UmA pH <7.00	0.6	0.25–1.49	1.26	0.59–2.70	0.93	0.45–1.92
Apgar score (5 min) <7	1.11	0.87–1.41	1.24	0.95–1.62	1.18	0.93–1.49
Neonatal resuscitation	1.29	1.17–1.43	1.06	0.94–1.19	1.23	1.12–1.35
NICU admission	1.1	0.98–1.24	0.96	0.84–1.11	1.12	1.00–1.26
Infant death	1.23	0.87–1.75	1.22	0.83–1.80	1.25	0.89–1.78

Risk of adverse pregnancy outcomes in women with polycystic ovary syndrome: population based cohort study

Roos N, Kieler H, Sahlin L, et al. *BMJ* 2011;343:d6309

- Population based cohort study
- 1995-2007, Sweden
- N=3787, PCOS pregnancy, Rotterdam criteria
- Results:
 - Nulliparity (P<0.001)
 - ART (P<0.001)
 - >BMI (P<0.001)
 - Age (P<0.001)



Hypertensive disease

GDM

Preterm delivery

PCOS(1)

- PCOS; menstruel irregularity and hyperandrogenism
 - Irregular menstruel cycle
 - Hirsutism
 - Acne
 - Obesity (more frequently)
- Incidence; 6.5-15%
- Syndrome !(multiple etiology, presentation)



PCOS(2)

- More frequent gonadotyropine dysfunction
- Prenatal androgenisation in female fetus
- Subfertility in PCOS,
- More frequent early pregnancy loss?

Balen AH,et al. Hum Reprod 1993; 8:959.

PCOS(3)

- More frequent need for ART in PCOS patients

Azziz R, et al. J Clin Endocrinol Metabol 2001;86:1626-32

Lord JM, et al. BMJ 2003;327:951-3

Heijnen E, et al. Hum Reprod Update 2006;12:13-21

- More frequent **PIH** and **IUGR** due to insulin resistance and low levels of IGLGFB-P1

Jensen RB, et al. Horm Res 2003;60(suppl):136-48

Ryan E, et al. Lancet 2003;362:1777

Yogev Y, et al. Am J Obstet Gynecol 2004;186:13-21

PCOS(4)

- “NHANES report”, (National Health and Nutrition Examination Survey) :
The incidence of metabolic syndrome:
18-19 % in healthy women (20-39y)
– Higher rate in PCOS (%33-43)

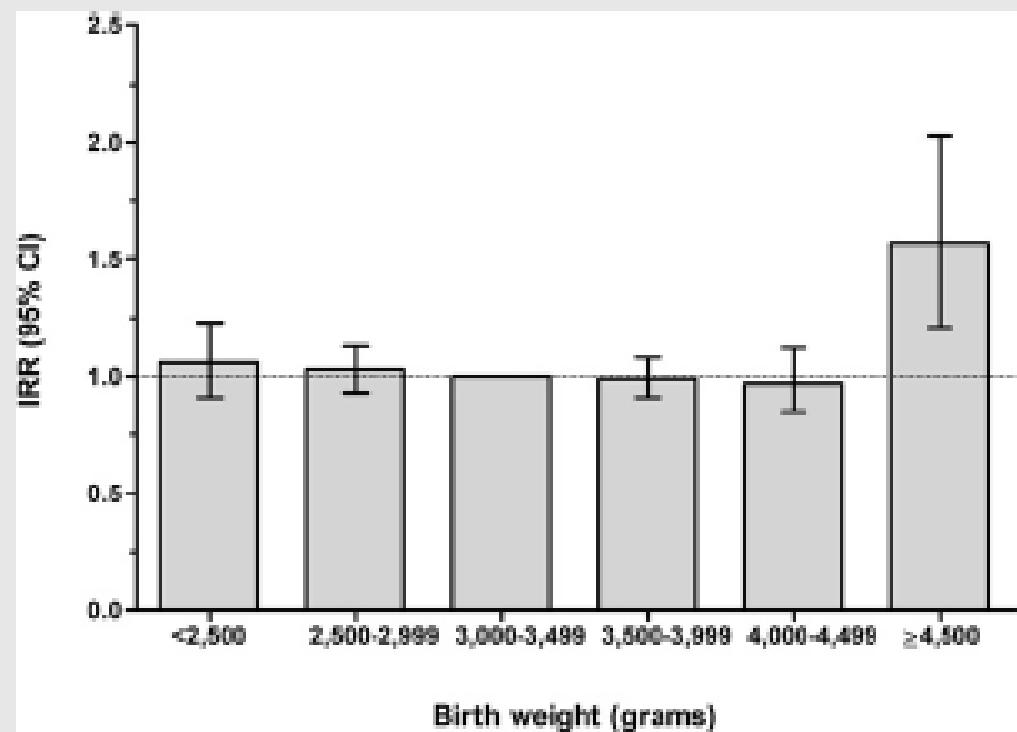
Apridonidze T, et al. J Clin Endocrinol Metab 2005; 90:1929.

Dokras A, et al. Obstet Gynecol 2005; 106:131.

Ehrmann DA, et al. J Clin Endocrinol Metab 2006; 91:48.

- DM, IGT, dyslipidemia,....
- Endothelial dysfunction
- Increase in the rate of VTE????

Birth weight and polycystic ovary syndrome in adult life: a register-based study on 523,757 Danish women born 1973–1991
Fertility and Sterility® Vol. 99, No. 3, March 1, 2013



Incidence risk ratios (IRR) (95% confidence interval [CI]) of polycystic ovary syndrome (PCOS) in relation to birth weight.

Mumm. Birth weight and risk of PCOS. Fertil Steril 2013.

Birth weight >4500gr in PCOS

Birth weight and polycystic ovary syndrome in adult life: a register-based study on 523,757 Danish women born 1973–1991

Fertility and Sterility® Vol. 99, No. 3, March 1, 2013

Number of PCOS cases and IRR of PCOS according to birth weight and maternal diabetes.

Birth weight (g)	No diabetes			Diabetes		
	n	IRR	(95% CI)	n	IRR	(95% CI)
<2,500	190	1.04	(0.89–1.21)	9	3.51	(1.82–6.75)
2,500–2,999	587	1.03	(0.93–1.14)	10	2.07	(1.11–3.86)
3,000–3,499	1,208	1.00	(ref.)	23	2.54	(1.68–3.83)
3,500–3,999	863	1.00	(0.92–1.09)	13	1.61	(0.93–2.79)
4,000–4,499	235	0.97	(0.85–1.12)	6	1.49	(0.67–3.32)
≥4,500	58	1.61	(1.23–2.09)	2	1.19	(0.30–4.76)

Note: CI = confidence interval; IRR = incidence risk ratios; PCOS = polycystic ovary syndrome.

Mumm. Birth weight and risk of PCOS. Fertil Steril 2013.

PCOS & Obstetric-Neonatal Risk

PCOS is associated with a significantly increased risk of:

- Maternal:
 - Gestational diabetes †
 - Pregnancy induced hypertension †
 - Preeclampsia
 - Delivery by caesarean section

- Neonatal:
 - Admission to a Neonatal Intensive Care Unit
 - Perinatal mortality
 - Premature deliveries

†: Outcome confirmed by subgroup analysis of higher validity studies

Diagnostic criteria of PCOS

- Problems due to definition:
 - Rotterdam Criteria before 2006
 - oligo/anovulation
 - hyperandrogenism
 - PCO (usg)
 - AE-PCOS (Androgen Excess-PCOS criteria) since 2006
 - hyperandrogenism (+)
 - Other phenotypes

Azziz R, et al Fertil Steril 2009;91:456-88

Lucinda E, et al. Am J Obstet Gynecol 2012;204:558.e1-6

PCOS & Pregnancy(1)

- Increased risk of adverse pregnancy and neonatal complications observed in PCOS pregnancy.

(2 META-ANALYSIS)

Boomsma CM,et al. Hum Reprod Update. **2006**;12:673–83.
Kjerulff LE,et al. Am J Obstet Gynecol. **2011**;204:558.

- Perinatal Complications(1):

- Early abortion

- High LH ?
 - Hyperandrogenia (HOXA10 gen ?)
 - fibrinolysis (PAI-1 aktivitesi?)
 - Insulin resistance
 - Endometrial dysfunctions
 - Obesity

Homburg R. Best Pract Res Clin Endocrinol Metab.2006;20:281–92
Apparao KBC,et al. Biol Reprod. 2002;66:297–304.
Palomba S, et al. Fertil Steril. 2005;84:761–5.
Lee C-L,et al. J Reprod Immunol. 2011;90:29–34.

PCOS & Pregnancy(2)

- **Perinatal complications(2):**

- **GDM**

- More frequent in PCOS pregnancy (40-50%)
 - +/- Obesity

Veltman-Verhulst SM, et al. Hum Reprod. 2010;25:3123–8.

Urman B, et al. J Reprod Med. 1997;42:501–5.

Turhan NO,et al. Int J Gynaecol Obstet. 2003;81:163–8.

- **PIH**

- Prevalence: 8%

Haakova L,et al. Hum Reprod. 2003;18:1438–41.

Mikola M, et al. Hum Reprod. 2001;16:226–9.

Ghazeeri GS, et al. Acta Obstet Gynecol Scand.2012;91:658–78

Kjerulff LE, et al. Am J Obstet Gynecol. 2011;204:558. e1-6.

PCOS & Pregnancy(3)

- **Perinatal Complications(3):**

- **Preterm delivery**
 - 5-15 % (?)

Boomsma CM, et al. Hum Reprod Update. 2006;12:673–83.

Ghazeeri GS, et al. Acta Obstet Gynecol Scand.2012;91:658–78

Indian J Endocrinol Metab. 2013 Jan;17(1):37-43.

PCOS pregnancy & Abortion(1)

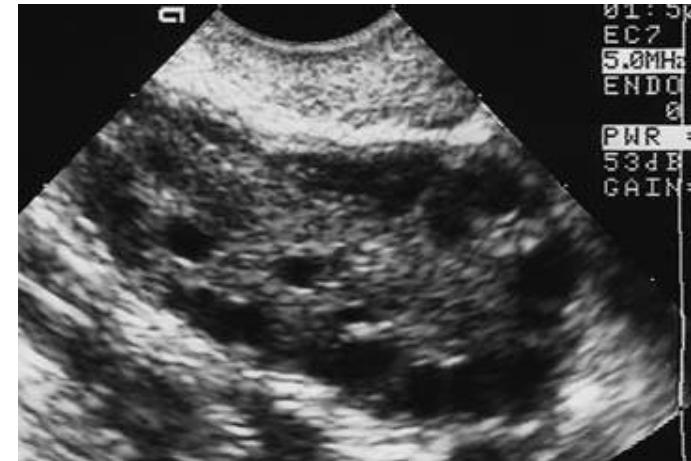
- Possibility of impaired trophoblastic invasion because of;
 - *insulin resistance*
 - Hyperandrogenism
- a role in first trimester abortions?.

Palomba S, Russo T, Falbo A, et al. J Clin Endocrinol Metab 2012;97:2441-9

- Metformine effect in Abortions?
 - **17 RCT analysis: No effect** (Palomba S, et al. 2009 fertil Steril)
 - Effect in **obesity** (Morin-Papunen L,et al.J Clin Endocrinol Metab 2012)

PCOS pregnancy & abortion(2)

- Metformine
 - Pre/post conception effect
 - Oocyte quality
 - Hypofibrinolysis
 - Insuline effects
 - PAI-Fx
 - Ghlicodelin ve ILGBP-1 increase effects



Qublan HS, et al. J Obstet Gynaecol 2009;29:651-5

Wei Z, et al. Fertil Steril 2008;90:1149-54

Glueck CJ, et al. Metabolism 2006;55:345-52

Glueck CJ, et al. Clin Appl Thromb Hemost 2004;10:323-34

Salvesen KA, et al. Ultrasound Obstet Gynecol 2007;29:433-7

Jakubowicz DJ, et al. J Clin Endocrinol Metab 2004; 89:833-9

Metformin & Perinatal Outcome

- N=197, Rotterdam criteria
- Start Preconceptional, metformine therapy (1500mg)

Table 3. Secondary outcome comparison in cases and controls

Outcome	Cases (n = 119)	Controls (n = 78)	p value
Gestational diabetes	10.4%	44.4%	0.0021
PIH	16.5%	45%	<0.002
IUGR	16.5%	38.3%	<0.001
Live birth rate	92%	70%	<0.001

p value significant at <0.05.

Outcome	Cases (n = 119)	Controls (n = 78)	p value
Miscarriage rate	9/119 = 8.8%	23/78 (29.4%)	<0.002
Rate of EPL in patients with recurrent miscarriages	2/16 = 12.5%	5/11 = 45.4%	<0.001

p value significant at <0.05. Univariate analysis and χ^2 were used for this analysis.

Gynecol Obstet Invest 2010;69:184–189

Fauzia Haq Nawaz Javed Rizvi

Continuation of Metformin Reduces Early Pregnancy Loss in Obese Pakistani Women with Polycystic Ovarian Syndrome

Effects of metformin in women with polycystic ovary syndrome treated with gonadotrophins for in vitro fertilisation and intracytoplasmic sperm injection cycles: a systematic review and meta-analysis of randomised controlled trials

Palomba S, Falbo A, La Sala GB. **BJOG**, 2013 Feb;120(3):267-76.

- N=10 RCT, n=845 PCOS pregnancy (+Metformin)
 - Pregnancy Rate : (OR 1.20, 95% CI 0.90-1.61)
 - Live birth Rate : (OR 1.69, 95% CI 0.85-3.34)
 - OHSS : (OR 0.27, 95% CI 0.16-0.46)
 - Abortion Rate : (OR 0.50, 95% CI 0.30-0.83)
 - Implantation : (OR 1.42, 95% CI 1.24-2.75)
- RESULTS:

There is **need for more selective studies in different PCOS phenotypes for metformine effects.**

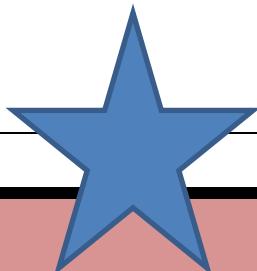


PCOS pregnancy & Abortions(3)

- **More frequent in PCOS pregnancy:**
 - Glueck CJ, et al. Fertil Steril 2001;75:46-52
 - Glueck CJ, et al. Hum Reprod 2002;17:2858-64
 - Jakubowicz DJ, et al. J Clin Endocrinol Metab 2002;87:524-9
 - Vankay E, et al. Hum Reprod 2004;19:1734-40
 - De Leo V, et al. Eur J Obstet Gynecol Reprod Biol 2011;157:63-6
 - Regan L, et al. BMJ 1989;299:541-5
 - Glueck CJ, et al. Metabolism 1999;48: 1589-95

- **No effect:**

- Kjotrod SB, et al. Hum Reprod 2011;26:2045-53
- Koivunen R, et al. Hum Reprod 2008;23:2134-9



Consensus Statement on PCOS, 2011
Risk is debated

The results are the same in subfertile group
(Fauser BC, et al. Fertil Steril 2012;97:28-38 e25)

A meta-analysis of pregnancy outcomes in women with polycystic ovary syndrome

Before 2006 studies

Article	Definition PCOS	PCOS group	Control group	Study population	Study design	Multiple pregnancies	Note
Diamant <i>et al.</i> (1982)	PCO + LH/FSH ↑/ androgen level ↑, and ≥2 of: 1. Oligomenorrhea 2. Hirsutism 3. Anovulation	Ovulation induction (by CC, hMG, dexamethasone, bromocriptine)	Anovulatory women (non-PCOS). Pregnant by ovulation induction	PCOS: 33 women, 72 pregnancies Control: 39 women, 71 pregnancies Matched for: age, similar parity	Retrospective Single centre	Included. However, equal incidence both study groups	Women were included for ≥1 pregnancy BMI not stated
Levrان <i>et al.</i> (1990)	1. Oligo-/amenorrhea 2. Obesity 3. Hirsutism 4. PCO 5. LH/FSH ratio ↑	Pregnant by CC, hMG or spontaneous	Control in hospital. Spontaneous pregnancies	PCOS: 76 Control: 95 Matched for: age, BMI, family and obstetric history (parity)	Retrospective Single centre	Not stated	None
Wortsman <i>et al.</i> (1991)	1. Oligo-/amenorrhea 2. Hirsutism/anovulatory infertility 3. LH/FSH ↑/ androgen level ↑ 4. PCO	Pregnant by CC, hMG, dexamethasone, bromocriptine (or spontaneous)	All prenatal patients	PCOS: 47 Control: 2306 Not matched	Retrospective Multi-centre	Included	BMI, age, parity not stated
Cardenas <i>et al.</i> (1996)	1. Oligo-/amenorrhea 2. Androgen level ↑	Ovulation induction	Delivered at hospital. Regular menstrual cycles	PCOS: 31 Controls: 78 Matched for: age, parity	Retrospective Single centre	Not included	PCOS women significant BMI ↑ <i>Abstract</i>
Urman <i>et al.</i> (1997)	Combination of: 1. Oligo-/amenorrhea 2. Hirsutism 3. LH/FSH ↑ 4. Androgen level ↑	Pregnant by CC, hMG, dexamethasone, IVF, spontaneous	Delivered at hospital, randomly selected	PCOS: 47 Control: 100 Not matched. Similar age, parity, history	Retrospective Single centre	Not included	PCOS women significant BMI ↑

Boomsma CM, Eijkemans MJC, Huges EG, et al

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006

A meta-analysis of pregnancy outcomes in women with polycystic ovary syndrome

Before 2006 studies

Article	Definition PCOS	PCOS group	Control group	Study population	Study design	Multiple pregnancies	Note
Fridström et al. (1999)	1. Oligo-/amenorrhea 2. PCO	Pregnant by IVF, ovulation induction	Fertility treatment. Pregnant by IVF, ovulation induction	PCOS: 33 Controls: 66 Matched for age, BMI, parity, history similar	Retrospective Single centre	Included only for GDM, PIH, PE	PCOS more multiple pregnancies, not included in all outcomes
Radon et al. (1999)	1. Oligo-/amenorrhea 2. Hirsutism 3. Androgen level ↑/ LH/FSH > 2	Pregnant by CC, hMG, IVF, IUI or spontaneous	Delivered in hospital. Spontaneous pregnancies	PCOS: 22 Control: 66 Matched for: age, BMI	Retrospective Single centre	Not included	PCOS women significant parity ↓
Kashyap et al. (2000)	1. Oligo-/amenorrhea 2. Androgen level ↑ 3. LH/FSH > 2 or PCO	Pregnant by hMG ovulation induction	Pregnant by hMG + IVF/IUI. Regular menstrual cycles	PCOS: 22 Control: 27 Not matched.	Retrospective Single centre	Not included	None
Vollenhoven et al. (2000)	1. Oligomenorrhea or hirsutism 2. PCO	Ovulation induction	From antenatal care and delivery. Normal fertility	PCOS: 60 Controls: 60 Matched for: age, BMI, ethnicity. Parity similar (raw data)	Retrospective Single centre	Included. However, equal incidence both study groups	None
Mikola et al. (2001)	PCO + 2 of: 1. Oligo-/amenorrhea, hirsutism 2. Androgen level ↑ 3. LH/FSH > 2	72% ovulation induction	Visit hospital for routine ultrasound. Poorly defined control group	PCOS: 99 pregnancies, 80 women Controls: 737 pregnancies, 712 women Similar age ($P = 0.05$)	Retrospective Single centre	Included only for GDM, PE	PCOS women BMI ↑, multiple pregnancies ↑ parity ↓. Women were included for ≥1 pregnancy
Bjercke et al. (2002)	PCO + ≥3 of: 1. Oligo-/amenorrhea 2. Hirsutism 3. Androgen level ↑ 4. LH/FSH > 2	Pregnant by CC, hMG, IVF, IUI or spontaneous Poorly defined control group	Conceived following ART	PCOS: 52 Control: 355 Not matched Similar parity, age	Prospective Single centre	Not included	PCOS women significant BMI ↑

A meta-analysis of pregnancy outcomes in women with polycystic ovary syndrome

Before 2006 studies

Article	Definition PCOS	PCOS group	Control group	Study population	Study design	Multiple pregnancies	Note
Haakova <i>et al.</i> (2003)	1. Oligo-/amenorrhea 2. PCO 3. Androgen level ↑ 4. Anovulation infertility	Fertility treatment	From prenatal ultrasound screening	PCOS: 52 Controls: 66 Matched for: age, BMI	Retrospective Single centre	Not included (received data from authors)	PCOS women parity ↓
Turhan <i>et al.</i> (2003)	1. Oligo-/amenorrhea or hirsutism 2. PCO 3. Androgen level ↑	Not stated	Outpatient clinic, randomly selected	PCOS: 38 Control: 136 Not matched. Similar parity, age	Retrospective Single centre	Not included	PCOS women significant BMI ↑, family history of DM ↑
Weerakiet <i>et al.</i> (2004)	1. Oligo-/amenorrhea 2. Hirsutism/acne 3. PCO	Pregnant by CC, metformin, IVF, laparoscopic ovarian drilling, spontaneous	Regular menstrual cycle	PCOS: 39 women Controls: 219 women Matched for age	Prospective Single centre	Not included. Author provided additional information	PCOS significant BMI ↑, parity ↓
Sir-Petermann <i>et al.</i> (2005)	ESHRE/ASRM PCOS consensus 2004	Fertility treatment	From prenatal care unit. Spontaneous pregnancies. Regular cycle	PCOS: 47 Control: 180 Matched for: age, BMI, socioeconomic class	Prospective Single centre	Not included	PCOS women significant parity ↓

Boomsma CM, Eijkemans MJC, Huges EG, et al

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006

PCOS Pregnancy: perinatal complications

Outcome	Study													Number included studies	
	Diamant <i>et al.</i> (1982)	Levran <i>et al.</i> (1990)	Wortsman <i>et al.</i> (1991)	Cardenas <i>et al.</i> (1996)	Urman <i>et al.</i> (1997)	Fridstrom <i>et al.</i> (1999)	Radon <i>et al.</i> (1999)	Kashyap and Claman <i>et al.</i> (2000)	Vollenhoven <i>et al.</i> (2000)	Mikola <i>et al.</i> (2001)	Bjercke <i>et al.</i> (2002)	Haakova <i>et al.</i> (2003)	Turhan <i>et al.</i> (2003)	Weerakiet <i>et al.</i> (2004)	Sir-Petermann <i>et al.</i> (2005)
GDM	X	X	X	X	X	X		X	X	X	X	X	X	X	13
PIH				X	X		X	X*		X	X	X	X	X	8
PE	X			X	X				X	X		X	X	X	8
Section rate	X				X			X	X	X	X	X	X	X	8
Vacuum/forceps	X							X		X					3
Gestation			X		X			X*	X		X	X	X	X	8
Preterm birth				X				X*	X	X	X	X	X	X*	8
Birthweight	X	X	X	X	X	X		X	X	X	X	X	X	X	12
SGA				X				X*		X*	X			X	5
Macrosomia			X	X				X*	X		X*	X		X	7
NICU				X	X					X		X		X*	5
Neonatal malformations				X								X		X*	3
Perinatal mortality			X	X					X			X*	X*	X*	5

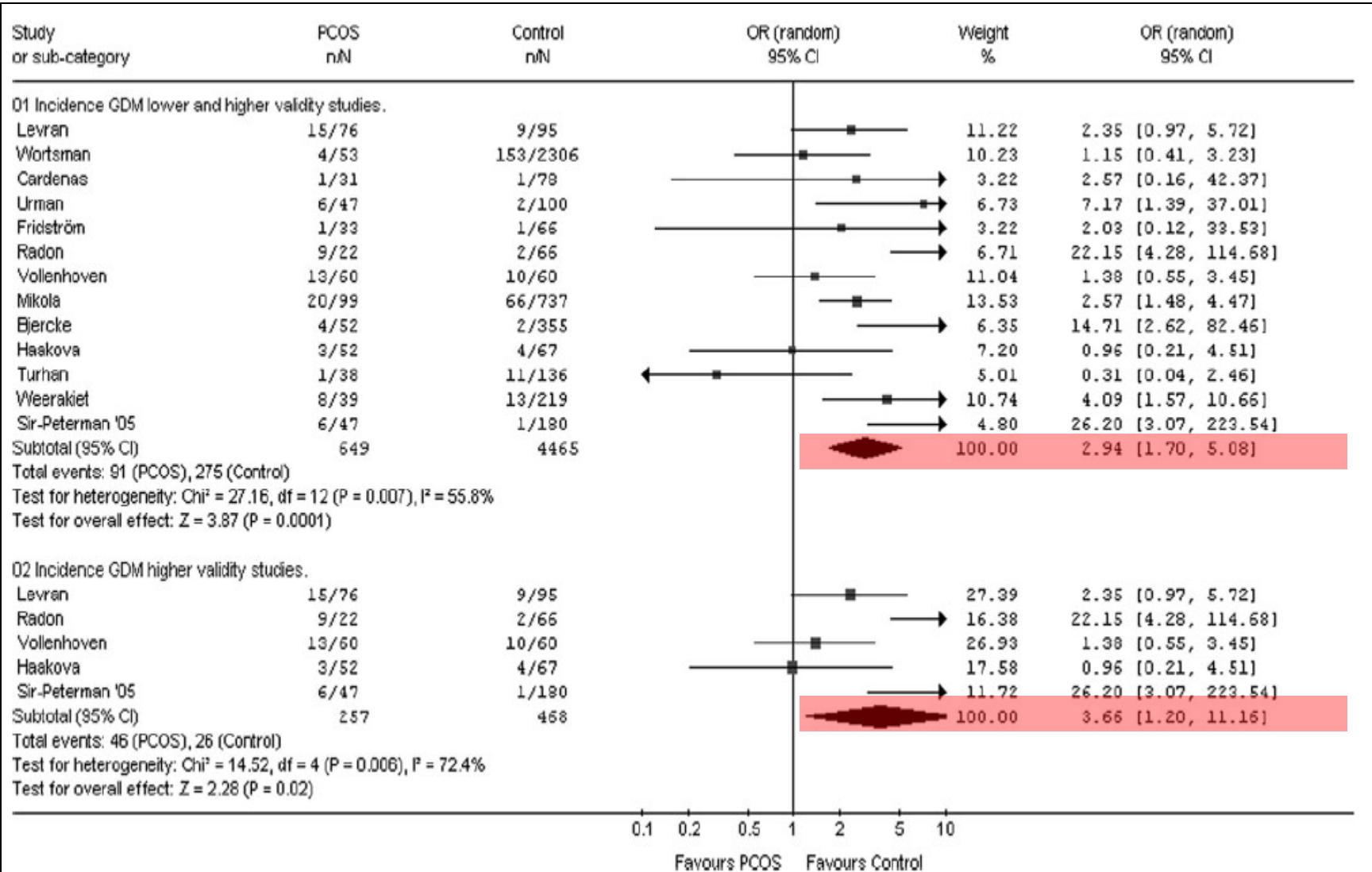
(15 studies, 720 PCOS pregnancy, Control:4505)

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006

Boomsma CM, Eijkemans MJC, Huges EG, et al

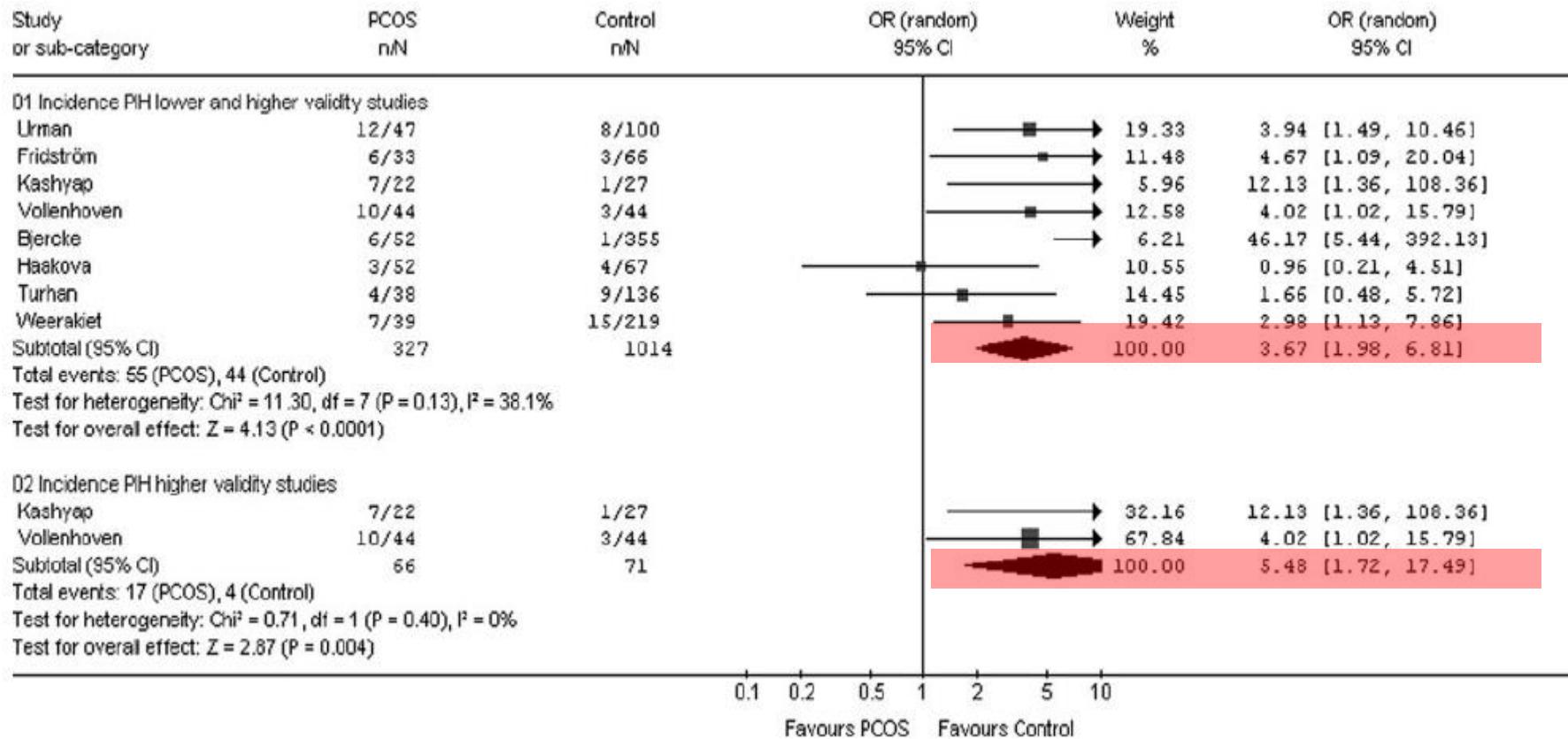
PCOS pregnancy & GDM

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006



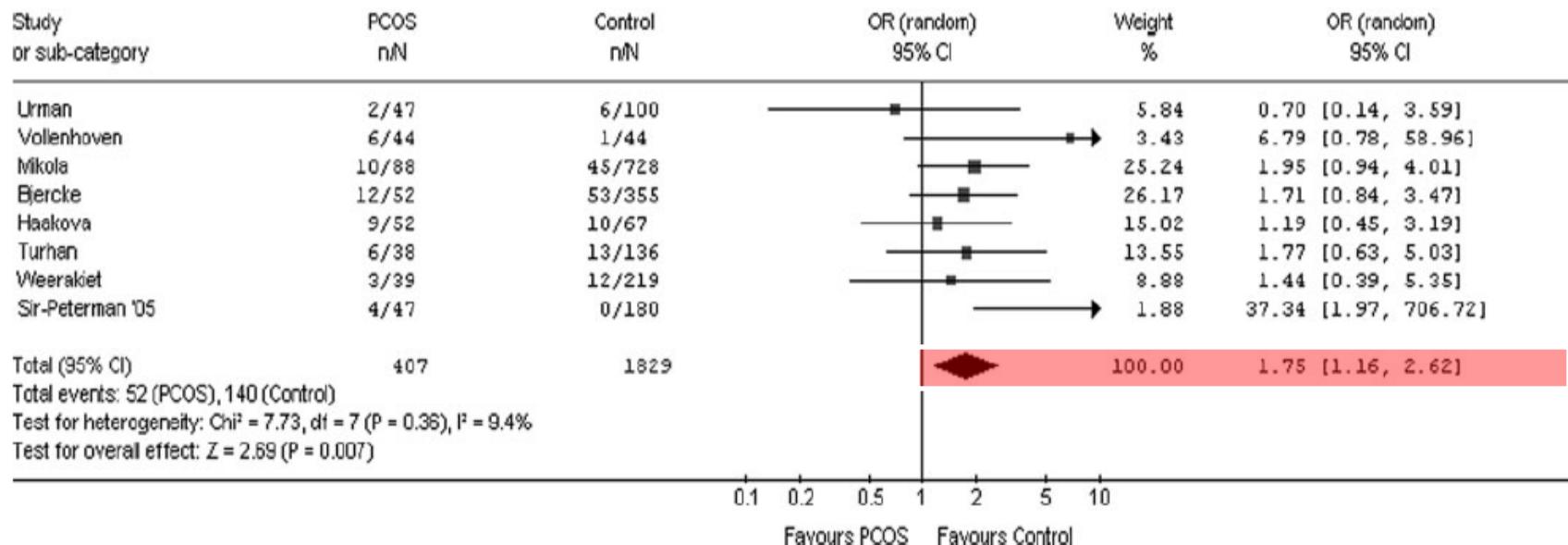
PCOS pregnancy & PIH

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006



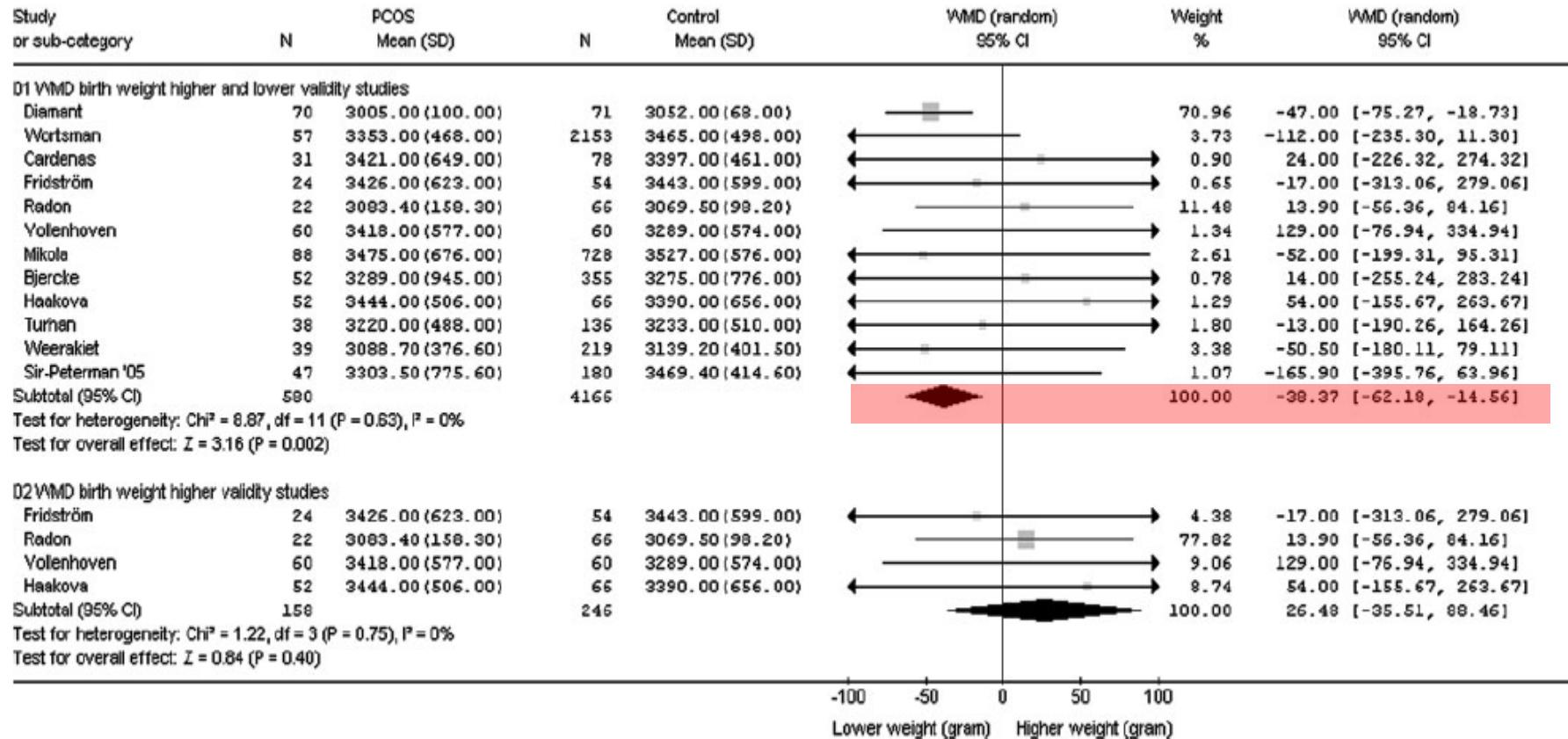
PCOS pregnancy & PRETERM delivery

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006

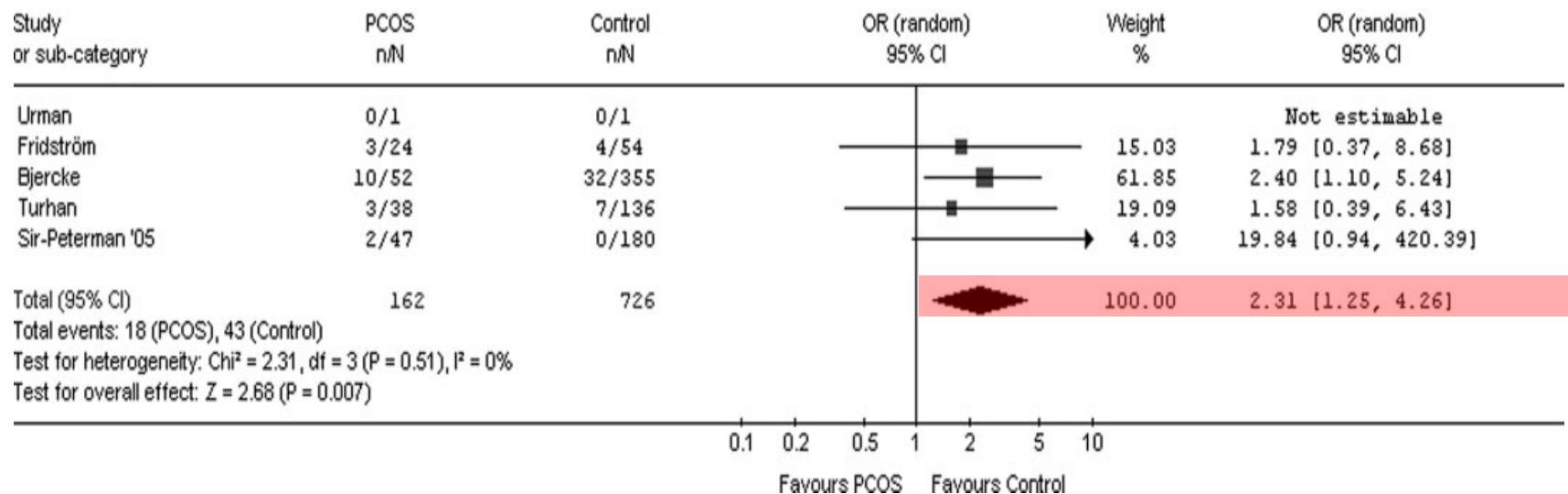


PCOS pregnancy & Birth weight

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006

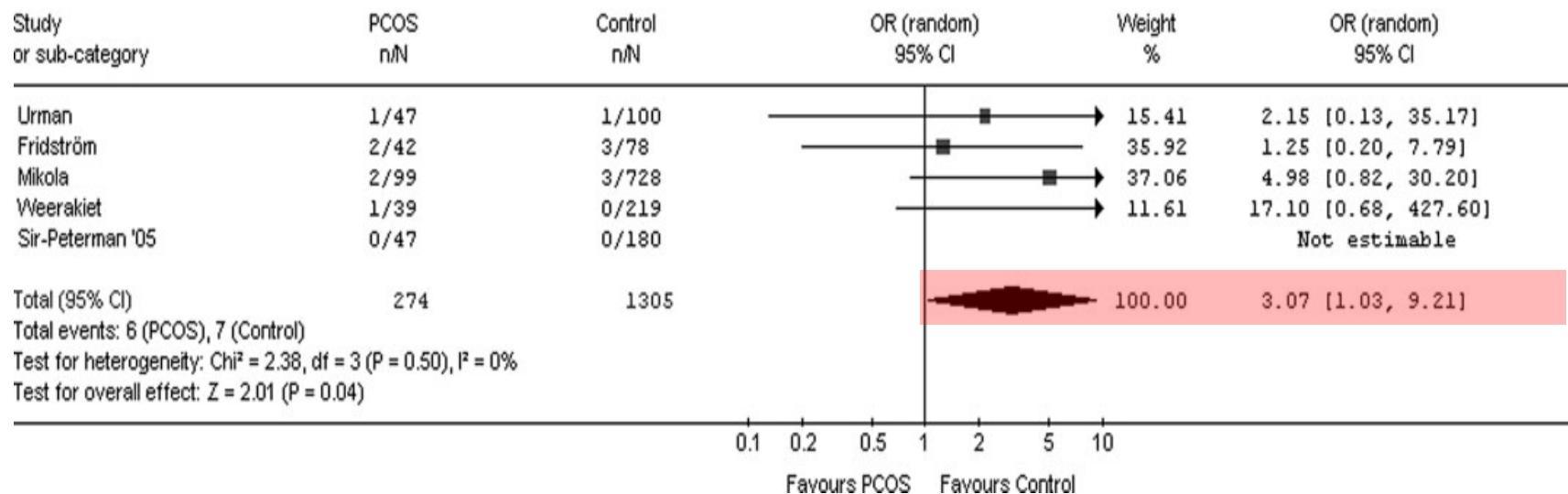


PCOS pregnancy & NICU



PCOS pregnancy & Perinatal Mortality

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006



PCOS & Mode of Delivery

Human Reproduction Update, Vol.12, No.6 pp. 673–683, 2006

- PCOS pregnancy: High rate of C/S
 - OR 1,56 (%95 CI : 1,20-2,02)
 - In Subgroup analysis : OR 0,92
 - Haakova L, Cibula D, Rezabek K, et al. (2003) Hum Reprod 18,1438–1441
 - Vollenhoven B, Clark S, et al. (2000) Aust N Z J Obstet Gynaecol 40,54–58.
- Vacuum – Forceps: no difference

Risk of adverse pregnancy outcomes in women with polycystic ovary syndrome: population based cohort study

BMJ 2011;343:d6309 doi: 10.1136/bmj.d6309

Pregnancy outcomes	No of births (rate %)		Standardised absolute risk difference* (%) in women with PCOS	Crude odds ratio† (95% CI)	Adjusted odds ratio† (95% CI)	P value
	Women with PCOS (n=3787)	Women without PCOS (n=1 191 336)				
Gestational diabetes:						
Yes	125 (3.30)	10 672 (0.90)	1.85	3.78 (3.16 to 4.52)	2.32 (1.88 to 2.88)	<0.001
No	3662 (96.70)	1 180 664 (99.10)	—	1.00	1.00	
Pre-eclampsia:						
Yes	221 (5.84)	35 129 (2.95)	1.74	2.04 (1.78 to 2.34)	1.45 (1.24 to 1.69)	<0.001
No	3566 (94.16)	1 156 207 (97.05)	—	1.00	1.00	
Antepartum bleeding or placental complications:						
Yes	59 (1.56)	14 490 (1.22)	—	1.29 (0.99 to 1.66)	1.14 (0.85 to 1.53)	0.37
No	3728 (98.44)	1 176 846 (98.78)	—	1.00	1.00	
Caesarean section‡:						
Yes	846 (22.44)	174 298 (14.68)	2.75	1.69 (1.56 to 1.82)	1.18 (1.07 to 1.29)	0.001
No	2924 (77.56)	1 013 112 (85.32)	—	1.00	1.00	
Data missing	0	30	—	—	—	
Very preterm birth (<31+6 weeks)‡:						
Yes	65 (1.73)	7999 (0.67)	0.94	2.59 (2.02 to 3.31)	2.21 (1.69 to 2.90)	<0.001
No	3701 (98.27)	1 178 296 (99.33)	—	1.00	1.00	
Data missing	4	1145	—	—	—	
Moderately preterm birth (32+0 to 36+6 weeks)‡§:						
Yes	226 (6.11)	50 352 (4.27)	1.38	1.46 (1.28 to 1.67)	1.31 (1.13 to 1.53)	0.0004
No	3475 (93.89)	1 127 944 (95.73)	—	1.00	1.00	
Data missing	4	1145	—	—	—	
Post-term birth (>42+0 weeks)‡:						
Yes	252 (6.69)	86 771 (7.31)	-1.39	0.91 (0.80 to 1.03)	0.82 (0.71 to 0.95)	0.0069
No	3514 (93.31)	1 099 524 (92.69)	—	1.00	1.00	
Data missing	4	1145	—	—	—	

Risk of adverse pregnancy outcomes in women with polycystic ovary syndrome: population based cohort study. *BMJ* 2011

Table 4| Adjusted odds ratios of women with and without polycystic ovary syndrome (PCOS) and singleton preterm births (<37+0 weeks) undergoing assisted reproductive technology in Sweden, 1995 to 2007

Preterm birth	Assisted reproductive technology*				No assisted reproductive technology*			
	Women with PCOS	Women without PCOS	Rate	Adjusted odds ratio† (95% CI)	Yes	No	Rate	Adjusted odds ratio† (95% CI)
Yes	41	1400	7.96	1.08 (0.76 to 1.53)	256	58 723	7.83	1.54 (1.33 to 1.79)
No	474	16 618	7.77	1.00	3012	1 113 426	5.01	1.00
Data missing	2	—	—	—	4	1167	—	—

*P=0.055 for interaction analysis for assisted reproductive technology and PCOS in relation to preterm birth.

†Adjusted for maternal age, parity, body mass index, years of education, cigarette consumption, and assisted reproductive technology.

Pregnancy outcomes in women with polycystic ovary syndrome: a metaanalysis

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Am J Obstet Gynecol, 2011;204:558.e1-6.

TABLE 2
Summary of results

Variable	Group, n		Control patients with polycystic ovary syndrome	Total	Odds ratio (95% CI)
	Patients with polycystic ovary syndrome	Total			
Gestational diabetes mellitus	340	2385	5263	89,669	2.82 (1.93–4.10)
Pregnancy-induced hypertension	84	521	56	1317	4.07 (2.75–6.02)
Preeclampsia	63	589	57	2228	4.23 (2.77–6.46)
Preterm delivery	76	565	155	2129	2.20 (1.59–3.04)
Cesarean delivery	57	171	201	716	1.41 (0.96–2.07)
Operative vaginal delivery	43	160	62	583	1.56 (0.93–2.63)
Small-for-gestational age	29	204	16	353	2.62 (1.35–5.10)
Large-for-gestational age	32	204	44	353	1.56 (0.92–2.64)

CI, confidence interval.

Kjerulff. Pregnancy outcomes and polycystic ovary syndrome. Am J Obstet Gynecol 2011.

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TABLE 3

Odds ratio for incidence of gestation diabetes mellitus of women with polycystic ovary syndrome and control patients

Study	Group (n/N)		Odds ratio (95% CI)
	Women with polycystic ovary syndrome	Control patients	
Altieri et al ¹⁴	3/15	6/159	6.38 (1.41–28.72)
Palomba et al ¹⁸	15/93	4/69	3.13 (0.99–9.88)
Levran et al ²⁰	15/76	9/95	2.35 (0.97–5.72)
Wortsman et al ²¹	4/53	153/2306	1.15 (0.41–3.22)
Cardenas et al ²²	1/31	1/78	2.57 (0.16–42.37)
Urman et al ²³	6/47	2/100	7.17 (1.39–37.01)
Fridstrom et al ²⁴	1/33	1/66	2.03 (0.12–33.54)
Radon et al ²⁵	9/22	2/66	22.15 (4.28–114.68)
Vollenhoven et al ²⁷	13/60	10/60	1.38 (0.55–3.45)
Mikola et al ²⁸	20/99	66/737	2.57 (1.48–4.47)
Bjercke et al ²⁹	4/52	2/355	14.71 (2.62–82.46)
Haakova et al ³⁰	3/66	8/66	0.36 (0.087–1.36)
Turhan et al ³¹	1/38	11/136	0.31 (0.038–2.46)
Weerakiet et al ³²	8/39	13/219	4.09 (1.57–10.66)
Sir-Petermann et al ³³	6/47	1/180	26.20 (3.07–223.54)
Lesser and Garcia ³⁴	4/24	3/44	2.73 (0.56–13.40)
Lo et al ³⁵	221/1542	4970/84,882	2.69 (2.33–3.11)
Sir-Petermann et al ³⁶	6/48	1/51	7.14 (0.827–61.71)
TOTAL	340/2385	5263/89,669	2.82 (1.94–4.11)

Heterogeneity $\chi^2 = 36.19$ (degrees of freedom = 17; $P = .004$), estimate of between-study variance τ^2 = 0.2369; test of odds ratio = 1: $z = 5.42$; $P = .000$.

CI, confidence interval.

Kjerulff. Pregnancy outcomes and polycystic ovary syndrome. Am J Obstet Gynecol 2011.

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Am J Obstet Gynecol, 2011;204:558.e1-6.

TABLE 4

Odds ratio for incidence of pregnancy-induced hypertension of women with polycystic ovary syndrome and control patients

Study	Group (n/N)		Odds ratio (95% CI)
	Women with polycystic ovary syndrome	Control patients	
Altieriat et al ¹⁴	2/15	10/159	2.29 (0.45–11.59)
Hu et al ¹⁵	6/22	0/22	17.73 (0.93–337.26)
Palomba et al ¹⁸	13/93	3/69	3.58 (0.98–13.08)
Urman et al ²³	12/47	8/100	3.94 (1.49–10.46)
Fridstrom et al ²⁴	6/33	3/66	4.67 (1.09–20.04)
Kashyap and Claman ²⁶	7/22	1/27	12.13 (1.36–108.36)
Vollenhoven et al ²⁷	10/44	3/44	4.02 (1.02–15.79)
Bjercke et al ²⁹	6/52	1/355	46.17 (5.44–392.13)
Haakova et al ³⁰	5/66	4/66	1.27 (0.33–4.96)
Turhan et al ³¹	4/38	9/136	1.66 (0.48–5.72)
Weerakiet et al ³²	9/41	14/222	4.18 (1.67–10.45)
Sir-Petermann et al ³³	4/48	0/51	10.42 (0.55–198.83)
TOTAL	84/521	56/1317	4.07 (2.75–6.02)

Heterogeneity $\chi^2 = 12.64$ (degrees of freedom = 11; $P = 0.317$); test of odds ratio = 1: $z = 7.03$; $P = .000$.
CI, confidence interval.

Kjerulff. Pregnancy outcomes and polycystic ovary syndrome. Am J Obstet Gynecol 2011.

Pregnancy outcomes in women with polycystic ovary syndrome: a metaanalysis

Lucinda E. Kjerulff, Luis Sanchez-Ramos, Daniel Duffy

Am J Obstet Gynecol, 2011;204:558.e1-6.

TABLE 5

Odds ratio for the incidence of preeclampsia for women with polycystic ovary syndrome and control patients

Study	Group (n/N)		Odds ratio (95% CI)
	Polycystic ovary syndrome	Control patients	
Altieri et al ¹⁴	0/15	2/159	2.03 (0.09–44.26)
Li et al ¹⁶	6/34	4/70	3.54 (0.93–13.51)
Palomba et al ¹⁸	9/93	1/69	7.29 (0.90–58.94)
Diamant et al ¹⁹	20/70	3/71	9.07 (2.55–32.20)
Urman et al ²³	3/47	4/100	1.64 (0.35–7.62)
Fridstrom et al ²⁴	3/33	0/66	15.26 (0.76–304.73)
Radon et al ²⁵	5/22	1/66	19.12 (2.09–174.70)
Mikola et al ²⁸	4/99	14/737	2.17 (0.70–6.74)
Bjercke et al ²⁹	7/52	25/355	2.05 (0.84–5.02)
Turhan et al ³¹	3/38	2/136	5.74 (0.92–35.71)
Weerakiet et al ³²	1/39	1/219	5.74 (0.35–93.70)
Sir-Petermann et al ³³	2/47	0/180	19.84 (0.94–420.39)
TOTAL	63/589	57/2228	4.23 (2.77–6.46)

Heterogeneity $\chi^2 = 10.87$ (degrees of freedom = 11; $P = .454$); test of odds ratio = 1: $z = 6.69$; $P = .000$.
CI, confidence interval.

Kjerulff. Pregnancy outcomes and polycystic ovary syndrome. Am J Obstet Gynecol 2011.

Prevalence of cervical insufficiency in polycystic ovarian syndrome

Feigenbaum SL, et al. Human Reproduction, Vol.27, No.9 pp. 2837–2842, 2012

- Retrospective cohort study
- Rotterdam criteria
- Results:
 - N=999 PCOS Cervical incompetence :%2,9 (P<0,01)
 - N=1020 Control “ :%0,5
 - More frequent in South Asian and Black population
 - Overall: PCOS, **Cervical incompetence**(Age, parity, race, BMI,fertility therapy) **OD=4,8 CI:1,5-15,4**
 - **In PCOS pregnancy cases, second trimester cervical evaluation should be done for incompetence.**

Table II Prevalence of CI among PCOS women by race/ethnicity.

Race/ethnicity	Prevalent CI (current or prior CI ^a)	CI case description
White (N = 413)	1.0% (4/413)	4 CI cases: 2 prior CI, prophylactic cerclage 2 new CI in index pregnancy
Black (N = 40)	17.5% (7/40)	7 CI cases: 3 prior CI, prophylactic cerclage 4 new CI in index pregnancy
Hispanic (N = 255)	1.6% (4/255)	4 CI cases: 3 prior CI, prophylactic cerclage 1 new CI in index pregnancy
East Asian/Pacific Islander (N = 143)	3.5% (5/143)	5 CI cases: 1 prior CI, prophylactic cerclage 4 new CI in index pregnancy
South Asian (N = 115)	7.8% (9/115)	9 CI cases: 2 prior CI, prophylactic cerclage 7 new CI in index pregnancy
Other race (N = 33)	0.0% (0/33)	No cases

^aPrior PCOS-CI cases had a prophylactic cerclage placed during the current (index) pregnancy.

Table I Demographic and clinical features of women by polycystic ovarian syndrome (PCOS) and current or prior CI (PCOS-CI) status.

Patient characteristics	Non-PCOS, N = 1020	PCOS, N = 999	PCOS-CI, N = 29
Maternal age (years, mean \pm SD)	30.9 \pm 6.0	31.4 \pm 4.4**	32.1 \pm 4.8
Race/ethnicity%		*	†
White	41.1%	41.3%	13.8%
Black	7.1%	4.0%	24.1%
Hispanic	24.0%	25.5%	13.8%
East Asian	17.8%	14.3%	17.2%
South Asian	6.2%	11.5%	31.0%
Other	3.8%	3.3%	0.0%
Gravidity (mean \pm SD)	2.6 \pm 1.6	2.1 \pm 1.3*	2.4 \pm 1.4
Obesity (body mass index $\geq 30 \text{ kg/m}^2$)	16.5%	42.9%*	44.8%
Obesity (Asian-specific threshold) ^a	18.0%	46.7%*	55.2%
Androgen excess (%) ^b	5.0%	78.2%*	75.9%

METFORMINE ?

- Is effective perinatal complications?

Management of perinatal complication in PCOS pregnancy(1)

- Obesity and insulin resistance!!!

- Metformine (?)

- FDA “B”
 - MIG Trial (metformin In Gestational Diabetes)
 - İnsülin & Metformin (Perinatal outcome)
 - Result is the same

Rowan JA, et al. Diabetes Care. 2010;33:9–16

- Metformine: decrease in GDM, no effect of birth weight, No effect of motor activity.

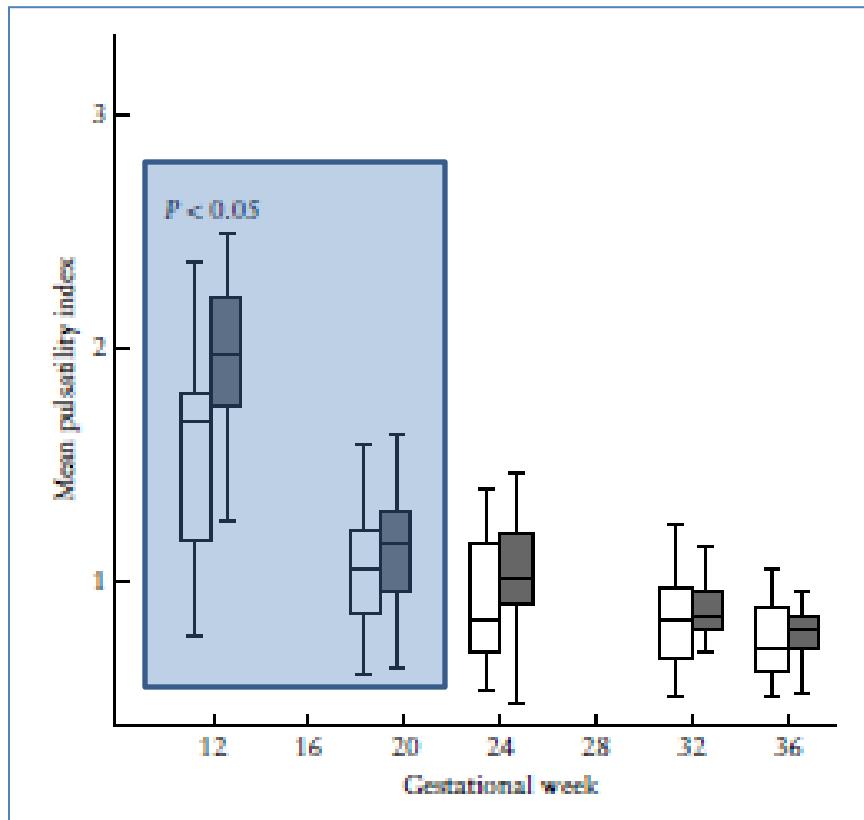
Glueck CJ, et al. Hum Reprod. 2002;17:2858–64.

- “Randomized, placebo-controlled, double-blind, multicenter study”, Vankay E, (J Clin Endocrinol Metab. 2010;95:E448–55):

PIH, PL, GDM:;

Placebo-Metformine: no differences

Uterine Artery pulsation index Metformin & Placebo



Metformin effective:12-20W



Ultrasound Obstet Gynecol 2007; **29:** 433–437

SALVESEN KA, VANKY E, CARLSEN SM.

Metformin treatment in pregnant women with polycysticovary syndrome –is reduced complication rate mediated by changes in the uteroplacental circulation?

The efficacy of metformin in pregnant women with polycystic ovary syndrome: a meta-analysis of clinical trials

Zheg J, Shan PF, Gu W. J Endocrinol Invest.2013 Apr 12.

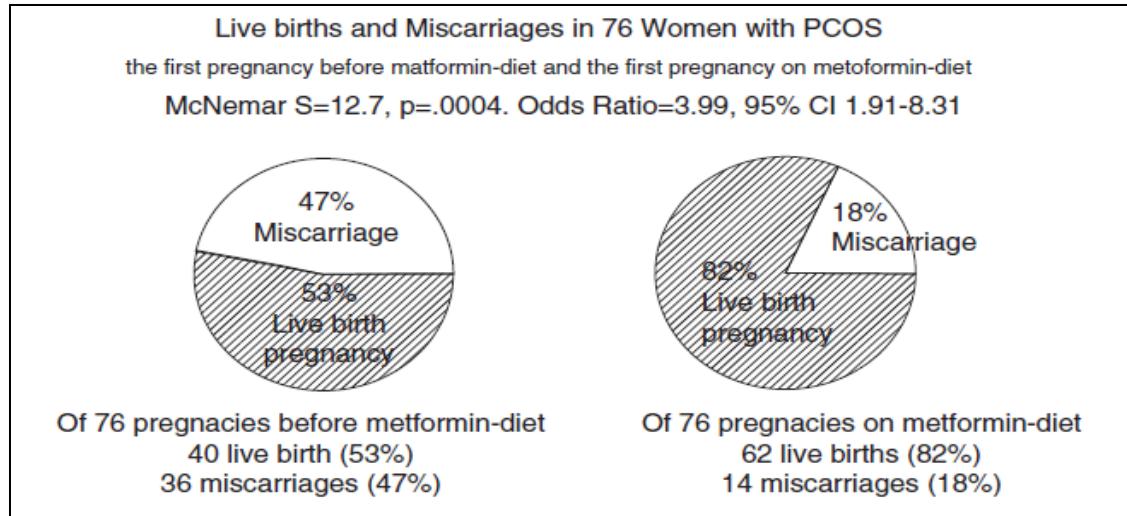
- Meta- analysis -Medline
- 8 studies , N=1106
- Metformine in PCOS :
 - Early pregnancy loss OR:0,32 (0,19-0,55)
 - GDM :0,37 (0,25-0,56)
 - Preeclampsia :0,53 (0,30-0,95)
 - Premature delivery :0,30 (0,13-0,68)



Effects of metformin-diet intervention before and throughout pregnancy on obstetric and neonatal outcomes in patients with polycystic ovary syndrome

Glueck CJ, et al. Current Medical Research & Opinion Vol. 29, No. 1, 2013, 55–62

- N=76
- Metformin_(2-2,55g/day)-Diet_(low glysemic index) & Control



- In Metformin-Diet group; GDM, PIH,Fetal macrosomi : no differences

Management of perinatal complications in PCOS pregnancy(2)

- “3. ESHRE/ASRM-sponsored PCOS consensus workshop”:
 - There is no positive decreased effect on perinatal complications results for Metformin.

Fauser BCJM, et al. Fertil Steril. **2012**;97:28–38.



PCOS pregnancy: RESULTS

- PCOS cases are **subfertile**.
- Highly demanding pregnancies
- Cervical incompetence?
- **Perinatal complications:**
 - Early pregnancy loss
 - Preterm delivery
 - GDM
 - PIH
- Metformin; No effect on perinatal complications

Thank you,



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