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**Format:** Abstract

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## Pregnancy outcome in Joint Hypermobility Syndrome and Ehlers-Danlos Syndrome.

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### Abstract

**INTRODUCTION:** An increased risk of preterm birth in women with Joint Hypermobility Syndrome (JHS) or Ehlers-Danlos Syndrome (EDS) is suspected.

**MATERIAL AND METHODS:** In this nationwide cohort study from 1997 through 2011, women with either JHS or EDS or both disorders were identified through the Swedish Patient Register, and linked to the Medical Birth Register. Thereby 314 singleton births to women with JHS/EDS before delivery were identified. These births were compared with 1,247,864 singleton births to women without a diagnosis of JHS/EDS. We used logistic regression, adjusted for maternal age, smoking, parity, and year of birth, to calculate adjusted odds ratios (aORs) for adverse pregnancy outcomes.

**RESULTS:** Maternal JHS/EDS was not associated with any of our outcomes: preterm birth (aOR=0.6, 95%CI= 0.3-1.2), preterm premature rupture of membranes (aOR=0.8; 95%CI=0.3-2.2), caesarean section (aOR=0.9, 95%CI=0.7-1.2), stillbirth (aOR=1.1, 95%CI= 0.2-7.9), low Apgar score (aOR=1.6, 95%CI= 0.7-3.6), small for gestational age (aOR=0.9, 95%CI= 0.4-1.8), or large for gestational age (aOR=1.2, 95%CI=0.6-2.1). Examining only women with EDS (n=62), we found a higher risk of induction of labor (aOR=2.6; 95%CI=1.4-4.6) and amniotomy (aOR=3.8; 95%CI=2.0-7.1). No excess risks for adverse pregnancy outcome were seen in JHS.

**CONCLUSION:** Women with JHS/EDS do not seem to be at increased risk of adverse pregnancy outcome. This article is protected by copyright. All rights reserved.

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**KEYWORDS:** Child; Ehlers-Danlos Syndrome; Joint hypermobility Syndrome; Obstetric; Pregnancy; cohort study

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