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### Educational questions.

#### “Pregnancy and fetal outcomes of symptoms of sleep-disordered breathing”

For each statement, mark appropriately in every box with a (+) for true or (-) for false.

#### 1. Which of the following is true regarding pregnancy?

Snoring occurs more commonly in pregnancy because of pregnancy-specific physiologic changes.  Pregnancy does not appear to have any effect on incidence of snoring.  Pregnant women snore less than non-pregnant females because they are generally younger and healthier.

#### 2. Which if the following is true regarding snoring in pregnancy:

Snoring correlates with pre-pregnancy body mass index (BMI) only since obesity is a risk factor for sleep disordered breathing outside of pregnancy.  Snoring does not correlate with weight gain since weight gain occurs mainly below the diaphragm.  Snoring correlates with pre-pregnancy BMI and weight gain.

#### 3. Which of the following is true regarding snoring and the risk of sleep disordered breathing in pregnancy?

Snoring is a stronger predictor of sleep disordered breathing in pregnancy given the extent of weight gained in a short period of time.  Preliminary data suggest that symptoms of sleep disordered breathing may not be as predictive of the disorder in pregnancy as they are outside of pregnancy.  Any questionnaire that is validated outside of pregnancy can be used in the pregnant population to predict sleep disordered breathing.

#### 4. Sleep disordered breathing and pregnancy outcomes:

Snoring does not appear to be associated with pregnancy induced hypertension and preeclampsia.  Endothelial dysfunction is a potential link in the association of gestational hypertensive disorders and sleep disordered breathing.  There are no data to suggest that hypoxia is associated with adverse pregnancy or fetal outcomes.