

Preterm birth: DOHaD in action

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<特別講演>

Preterm birth: DOHaD in action

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Evidence is accumulating that preterm birth, even at late preterm gestations, is associated with increased risk of mortality and non-communicable diseases throughout the life-span. Much evidence is from large, Nordic national cohorts with near-complete birth data, registry linkage and high retention across many decades. Preterm birth is associated with increased mortality through to 45 years from all major causes. The most robust health outcome data for cause-specific morbidity are for cardiovascular risk factors and diabetes, with adults born preterm at increased risk for both type 1 and type 2 diabetes and hypertension, with less convincing evidence for ischaemic heart disease.

Possible underlying reasons for the association between preterm birth and later cardiometabolic risk can be divided into three broad areas: first, the cause underlying preterm birth also is responsible for the increased risk of adult disease; secondly, the very fact of being born preterm results in increased adult risk, and thirdly, care provided to preterm babies leads to increased risk of adult disease.

The relationship between preterm birth and long-term health outcomes, and some of the possible mechanisms that may contribute to this, will be the focus of this talk.