

CONCLUSION



Pregnancy is associated with significant anatomic functional changes in respiration influenced by mechanical, endocrinal and metabolic factors. The increased requirements of the mother and the fetus for O₂ during pregnancy would be most efficiently served by smooth transport and exchange of gases through the maternal respiratory system. Several adaptive physiological changes occurring during normal pregnancy preserves airway function. Any maternal disease or factor adversely affecting the airway function causes maternal hypoxemia mainly due to ventilation perfusion mismatch which in turn causes fetal growth retardation due to uteroplacental insufficiency as fetal oxygenation and thus its growth depends on it. IUGR due to uteroplacental insufficiency usually ensues in the late phase of gestation during which the cellular hypoplasia and most of the fat deposition is believed to occur. Hence, the fetal vital organs like brain, heart, kidneys and lungs are spared while the birth weight is adversely affected, this type of growth retardation is termed as asymmetrical (type II) IUGR. Thus, pregnant women with underlying obstructive airways function abnormalities are found to deliver low birth weight baby. These infants have a better prognosis with a good intrapartum surveillance and are usually associated with a catch-up growth later in childhood.