

Is there an association between caesarean section and risk for asthma in twins? Toos CEM van Beijsterveldt & Dorret Boomsma



Aim

Caesarean delivery may disturb the colonization of microflora of the baby. Generally, the bacterial colonization starts with birth and is determined by environmental variables such as microflora of the vaginal flora. After CS colonization of the microflora of the infant may be delayed, which in turn may affect the maturation of the immune system. The aim of this study is to examine the association of caesarean section (CS) and the presence of asthma in twins.

Hypotheses:

• Asthma prevalence is larger in children born after CS compared to Ss born after vaginal delivery (VD).

• VD and CS differences in asthma prevalence are larger in first-born than in second-born twins.

Participants & measures

• The study included about 8000 twins from an ongoing longitudinal study of the Netherlands Twin Registry (NTR) and born between 1990 and 1997.

• Shortly after birth of the twin, information about birth delivery, birth weight, gestational age and smoking behavior of the mother during pregnancy was acquired from a questionnaire filled in by the mother.

• Information about asthma and allergy was obtained at age 5 and 7. At age 5, the mother was asked about doctor-diagnosed asthma (yes/no) and at age 7 the mother was asked whether the diseases asthma could be applied to their twin (yes/no).

• The prevalence of asthma was compared between twins born after VD and after CS, separately for smoking and non-smoking mothers.

Results

Table I: characteristics of the study population

	VD	cs		Asthma at age 5 (% yes)	
	%	%	1 st born	2 nd born	
gestational age					
>=37 weeks	63,0	57,7	7,2	7,3	
>32 weeks and < 37 weeks	31,4	33,8	10,5	9,5	
<=32 weeks	5,6	8,4	15,4	16,4	
age mother					
<30 years	40,9	38,3	9	8,5	
<=30 and <34 years	37,6	35,1	9	8,5	
>=34 years	21,5	26,6	7,8	9	
smoking during pregnancy					
no	77,0	78,1	9.4	9.0	
pipes	0,3	0,1	10	9.1	
< 10 cigarettes	17,7	18,4	10.2	10.5	
>10 cigarettes	5,0	3,4	10.4	11.6	
current smoking father (age 5)					
no	69,1	69,1	9.5	7.9	
yes	30,9	30,9	9.3	10.1	
current smoking mother (age 5)					
no	73,6	72,3	8,6	8,1	
Yes	26,4	27,7	9,1	9,9	
first child					
no	59,4	31,6	8,9	7,9	
yes	40,6	68,4	8,5	9,3	
breast feeding					
no	46,8	49,5	9,3	8,9	
1-6 weeks	23,5	25,7	8,5	8,4	
6 weeks - 6 months	21,5	19,0	7,6	8,5	
> 6 months	8,2	5,9	8,4	7,7	
sex (1st born)					
Boys	48,9	49,3	10,4	10,0	
Girls	51,1	50,7	7,1	7,3	
birthweight (1st born)					
< 2000 gram	14,4	19	12,2	11,6	
>= 2000 gram	85,6	81	8,1	8,0	
orange = frequencies differ significa	ntly betwe	en groups	VD and CS	(p<0.05)	
green = frequencies differ significantly between asthma and no asthma					
(p <0.05)					

Table II: Association between mode of delivery and asthma.

	CS %	VD %	odds	Adjusted* odds
non-smoking mother			ratio	ratio (95%CI)
first born				
asthma at age 5	10,24	9,80	1,05	1,14 (0,90 - 1,45)
asthma at age 5 & 7	4,28	4,32	1,01	1,07 (0,75 - 1,54)
second born				
asthma at age 5	8,99	9,81	0,91	0,82 (0,63 - 1,06)
asthma at age 5 & 7	3,17	3,64	0,88	0,80 (0.52 - 1,23)
smoking mother				
first born				
asthma at age 5	14,17	9,38	1,60	1,64 (1,06 - 2,52)
asthma at age 5 & 7	6,89	4,59	1,54	1,90 (1,05 - 3,44)
second born				
asthma at age 5	12,96	10,12	1,32	1,31 (0,83 - 2,05)
asthma at age 5 & 7	6,20	4,09	1,16	1,40 (0.73 - 2,67)

= adjusted for sex, gestational age, age mother, breastfeeding, firstchild (yes/no)

Conclusion

• The association between CS and asthma is seen in first-born twins, but is only significant in Ss whose mother smoked during pregnancy.

• The risk for asthma after CS was smaller for second born twins than for first born twins.

• The risk for asthma after VD differ very little between first and second born twins.