Reproductive events and fetal origin hypothesis

Shayesteh Jahanfar
Central Michigan University, USA

The fetal origins hypothesis suggests that conditions such as lack of nutrition during intrauterine life, program the fetus for the development of chronic diseases in adulthood. Based on this hypothesis, low birth weight as the general manifestation of twining can be linked with reproductive ill health among twins. We aimed at comparing twins with low birth weight and normal birth weight with respect to reproductive events (menstrual history, age of menarche, irregular menstrual bleeding, premenstrual symptoms and polycystic ovary syndrome). A group of registered twins were interviewed to obtain their birth weight and reproductive history. They were then divided into two groups of low birth weight (n=87) and normal birth weight (n=43). Descriptive and comparative statistical analyses were employed. Premenstrual symptoms were found more frequently among normal birth weight group (25% vs. 16.7%; p=0.03). No other reproductive health variable was found to be significantly different within the two groups. Our data does not support the fetal origin theory as none of the reproductive illnesses was found to be higher among low birth weight twin infants.

Biography
Shayesteh Jahanfar is a Reproductive Epidemiologist with grounding in Public Health and Biostatistics. She completed her first PhD in Obstetrics and Gynecology from the University of New South Wales, Australia (1995) and her second PhD in Epidemiology and Healthcare from the University of British Columbia, Canada (2016). She has 23 years of academic experience in Reproductive Health and over 70 peer reviewed publications. Her research focuses on Reproductive Health, Women and Children’s Health, and Genetic Versus Environment Studies. She has established a number of twin studies in Australia, Malaysia, and Canada. She has conducted several epidemiological studies and produced over 15 systematic reviews in the areas of HIV/AIDS, Domestic Violence, Family Planning, Ultrasound Screening and Breastfeeding.

Notes: