

Labetalol use up for patients with preeclampsia and asthma

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(HealthDay)—Higher rates of β -blocker use are seen among women

with preeclampsia and asthma, according to a study published in the July issue of *Obstetrics & Gynecology*.

Whitney A. Booker, M.D., from Columbia University in New York City, and colleagues examined whether the diagnosis of asthma correlated with the use of uterotonic and antihypertensive medications for women hospitalized for delivery complicated by [postpartum hemorrhage](#) or preeclampsia.

Overall, 4.2 percent of the 5,691,178 women had preeclampsia and 2.5 percent had postpartum hemorrhage. The researchers found that patients with asthma used carboprost less frequently than patients with no asthma (11.4 versus 18.0 percent) compared with intravenous labetalol, which was used more often among patients with a diagnosis of asthma than those without (18.5 versus 16.7 percent). The presence of asthma correlated with a 37 percent decrease and an 11 percent increase in the likelihood of carboprost and labetalol use, respectively, in unadjusted analysis. In adjusted analysis, the presence of asthma correlated with a 32 percent decrease in the likelihood of carboprost use and a 7 percent reduction in labetalol use (adjusted risk ratios, 0.68 and 0.93, respectively). Compared with other antihypertensive medications, the use of labetalol correlated with significantly increased risk for status asthmaticus (6.5 versus 1.7/1,000 delivery hospitalizations).

"There may be an opportunity to reduce use of β -blockers and carboprost among [patients](#) with asthma," the authors write. "Given their association with status asthmaticus, these drugs should be used cautiously in [women](#) with [asthma](#)."

One author disclosed financial ties to the pharmaceutical industry.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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