Optimizing Inter-pregnancy Interval (Spacing)

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What is already Known?

Pregnancy spacing is clinically relevant because it may influence the risk for some adverse pregnancy outcomes (the table).

The degree to which individual pregnancy spacing alters adverse pregnancy outcomes is unclear. Women have some control over such spacing and thus could potentially reduce adverse outcomes of too close pregnancies. Short intervals between pregnancies are more commonly associated with adverse effects than long intervals (1)

Summary of pregnancy outcomes associated with short and long interpregnancy intervals **Pregnancy outcome**	**Short interpregnancy interval (range aOR/RR)**	**Long interpregnancy interval (range aOR/RR)**
Low birth weight	**1.39 to 1.86**	
Small for gestational age	**1.18 to 1.33**	
Preterm birth	**≥1.20**	
Preeclampsia		**1.1**
Uterine rupture at TOLAC	**2.7 to 3.14**	
Miscarriage	**0.78 to 0.86**	
Stillbirth	**0.9 to 1.09**	
Severe maternal morbidity, with transfusion	**0.76 to 0.96**	**1.76 to 1.88**
Severe maternal morbidity, without transfusion	**0.58 to 0.81**	**1.95 to 2.23**

What is The New?

For most women who have had a live birth, an interpregnancy interval of 18 to 24 months (Grade 2C) appears to be associated with optimum maternal and neonatal outcome.
However, interval longer than 24 months may increase the risk for dystocia and an interval longer than 60 months may increase the risk for preeclampsia. (2)

A shorter interval may be appropriate for those of advanced maternal age since a reduction in fertility is a concern.
A shorter interval does not appear to have adverse effects in those who have had a fetal loss.

References

1- Thiel de& Chang R, Howell M, Darney P SO Am J Obstet Gynecol. 2014;210(4):311.e1.
2- Shachar, & Lyell, UpToDate ,July 2022