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## PREGNANCY IN JHS/EDSHM

Unlike the vascular form of the Ehlers-Danlos Syndrome (EDS), formerly EDS Type IV, the Joint Hypermobility Syndrome (JHS), which is equivalent to EDS-hypermobility type, formerly EDS III) is not associated with heart disease or major hazards during pregnancy and labour. However there are a number of considerations that should be borne in mind, which are listed here:

- Joint and spinal pains may increase during the course of the pregnancy.
- There is a tendency to premature rupture of the membranes and thus of premature labour and delivery.
- There is a tendency to rapid labour,
- There is an apparent resistance to the effects of local anaesthetics is seen in about two thirds of patients and can cause problems for the unwary during epidural anaesthesia or infiltration for repair of a tear of episiotomy.
- Healing of tear or episiotomy may be impaired and/or prolonged and surgical technique may need to be modified accordingly.
- She may find lactation and care of the newborn baby more taxing than most.
- Pelvic floor problems (uterine prolapse etc) may occur in later life so that the practice of post-natal exercises is particularly important.
- Since JHS follows a dominant pattern of inheritance there is a 50% chance that any offspring will carry the gene, although this does not mean that he/she will necessary develop symptoms of tissue laxity subsequently.

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