

amc Pregnancy Outcomes With Deferred Induction of Labour Among Women With Well Controlled Gestational Diabetes

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Introduction

We conducted a retrospective cohort study aimed at describing pregnancy outcomes in term gestational diabetes mellitus (GDM) in the Amsterdam Medical Centre. The maternal and neonatal outcome of term and post term pregnancies was described.

Materials and Methods

A retrospective cohort of women with GDM was selected from our electronic patient data system. Women were included if they had GDM, were not using insulin, had singleton pregnancy, and term or post-term (37wks-42wks) delivery. Women were treated according to national GDM protocols, compliant with WHO requirements. Management included monitoring maternal glycemia. Labour wasn't routinely induced in women with dietary well-controlled GDM. Data was collected on GDM management, mode of delivery and perinatal outcomes (shoulder dystocia, hyperbilirubinemia, neonatal hypoglycemia, macrosomia and Apgar score).

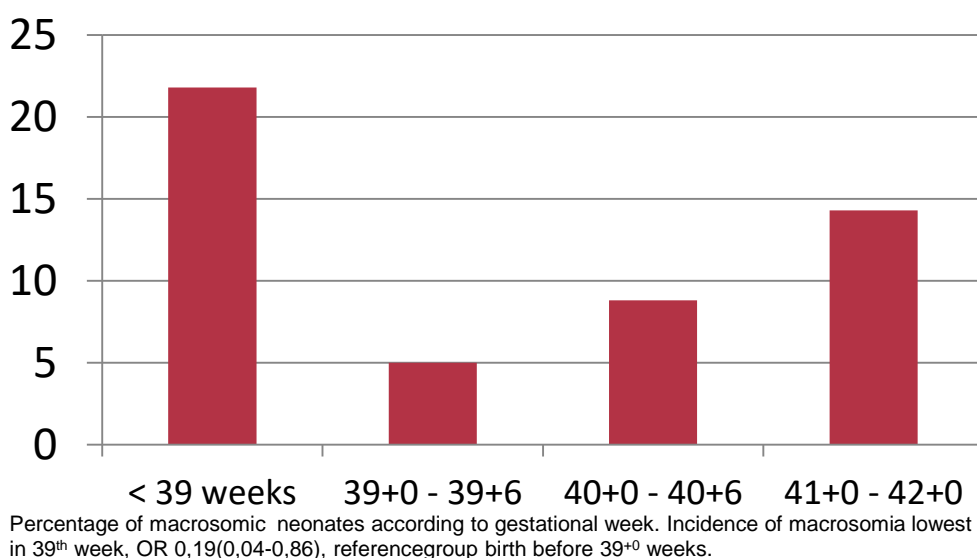
Results

From January 2010 till December 2015 we included 159 women with GDM on dietary therapy. The rate of secondary caesareans was 19.2% before 39 weeks compared to 26,6% after 41 weeks gestation. Compared to 3,8% before 39 weeks, shoulder dystocia complicated 14,3% after 41 weeks gestation. Neither finding reached statistical significance.

	< 39 weeks N=78	39th week N= 40	40th week N= 34	41st week N= 7	
Macrosomia	17(21,8)	2(5,0)	3(8,8)	1(14,3)	OR 0,19 (0,04-0,86)
Shoulder dystocia	3(3,8)	1(2,5)	0	1(14,3)	ns
Neonatal hypoglycemia	9(11,5)	1(2,5)	2(5,9)	0	ns
Hyperbilirubinemia	4(5,1)	0	0	0	ns

Tabel showing neonatal outcome per gestational week. N(%)

The incidence of macrosomia was lowest in the 39th week, OR 0,19 (0,04-0,86) compared to babies born before or after the 39th week of pregnancy.



Conclusions

Although statistically not robust, our findings highlight the need for larger randomized trials to address the question of necessity and timing of labour induction in mild GDM.