

GESTACIONAL DIABETES - EXPERIENCE OF TWO YEAR'S OF A TERCIARY HOSPITAL

Branco Rute; Marques P.; Rodrigues M.; Landim E.; Guerreiro E.; Vicente H.;
Diniz da Costa T.; Costa A.C.; Nazaré A.
Department of Obstetrics and Gynecology, Hosp. Prof. Doutor Fernando Fonseca

INTRODUCTION

Gestational Diabetes (GD) is defined as any degree of glucose intolerance with first-time appearance during pregnancy. This is one of the major complications during pregnancy. In our hospital we use the diagnostic criteria recommended by the international association of diabetes and pregnancy study groups and the WHO.

METHODS

Retrospective observational study via medical record review of 266 pregnant women with GD, supervised in Diabetes and Pregnancy consultation and who delivered between January 2015 and December 2016. The sample was characterized using anthropometric evaluation and medical evaluation. Newborns data were analyzed as well. Microsoft © Excel 2010 was used to do the statistical analysis.

OBJECTIVE

Analyze the characteristics of the pregnant women with GD followed in Hospital Prof. Doctor Fernando Fonseca (HFF) Diabetes and Pregnancy appointment.

RESULTS

- The prevalence of women with GD in our institution was 4.6%;

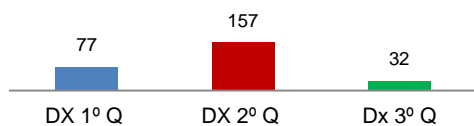
278 pregnant

12 lost to follow up

266 pregnant

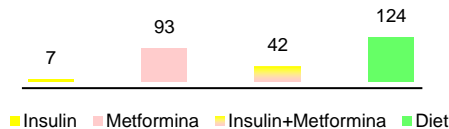
- The average age was 32.9 years old, and the mean BMI prior to diagnosis was 28.02 kg / m² ;
- 33 cases (12.2%) had a GD diagnosis in previous pregnancies;
- Ethnic mix was present with 122 portuguese, 105 african, 20 south american women, 9 asian continent, 5 eastern europeans and 1 central european;
- Diagnostic:** Most GD diagnosis occurred in second quarter (58.3%);

Diagnostic Quarter



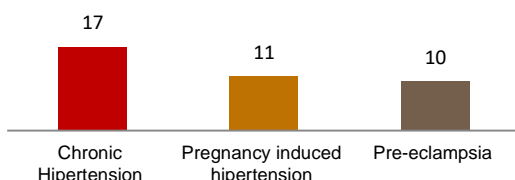
- Treatment:** 46.6% obtained glycemic control with lifestyle modification – diet and exercise – and 53.4% needed pharmacological therapy;

Treatment



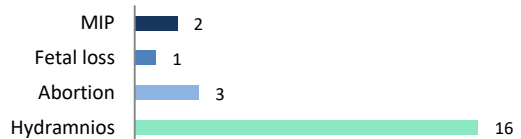
- Maternal complications:** Hydramnios (n=16; 6%), Chronic Hipertension (n=17; 6.4%), Pregnancy induced hipertension (n=11; 4.1%), Pre-eclampsia (n=10; 3.8%);

Maternal Complications



- Pregnancy complications:** Abortion (n=3, 1.1%), Fetal loss (n=1, 0.4%) who had T13, Medical interruption of pregnancy (n=2, 0.8%) [1: T15; 1: Achondroplasia];

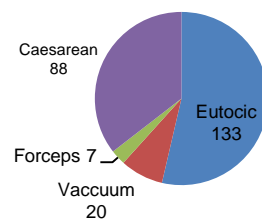
Pregnancy complications



- Delivery's:**

- 12 didn't deliver at our institution;
- The majority of deliveries were eutocic (53.6%), with cesarean section being 35.5%;

Delivery's



- The rate birthweight greater than 4000g was 4.8%;
- Only 15.5% (n= 43) made reclassification of the GD, and none were diagnosed with Diabetes Mellitus.

CONCLUSION

The prevalence of pregnant women with GD is 4.6%. Our population presents low rates of macrosomia and pregnancy complications (such as chronic hipertension and hydramnios), which is in agreement with the literature. It is necessary to promote the reclassification of the DG because of the increased risk of diabetes and cardiovascular disease in the future.

Bibliography:

Relatório de Consenso sobre Diabetes e Gravidez, Jan 2011; Graça Luís; et al; *Medicina Materno-Fetal*, Lidel, 2010.