



POSTPARTUM GLYCEMIC EVALUATION AFTER GESTATIONAL DIABETES: A CHALLENGE IN CLINICAL PRACTICE

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Introduction

Gestational diabetes mellitus (GDM) is the most common metabolic disorder in pregnancy, with an increasing prevalence, being 7.2% in Brazil using old WHO criteria. It is associated with a 7-fold higher risk of developing type 2 diabetes mellitus (T2DM) after childbirth.

Objective

To estimate the rate of GDM patients returning postpartum and to describe their glycemic assessments 6 to 12 weeks after gestation. Identify the clinical and epidemiological profile of patients who did not return and of patients who remained hyperglycemic after delivery.

Methodology

A cross-sectional, retrospective, observational study with 109 patients diagnosed with GDM in a referral medical center for diabetes treatment in the Federal District of Brazil, attended from January 2008 to January 2015.

Results

Only 30 patients returned postpartum for glycemic evaluation. Of these, 73% had normal blood glucose and 27% had pre-diabetes. No patient had the diagnosis of diabetes mellitus after pregnancy. Patients who did not return in the postpartum period showed a higher gestational age at the first visit, compared with those who returned. There was not significant association between risk factors and the persistence of postpartum dysglycemia.

TABLE 1- Patients Clinical Data (n=109)

	Pacientes that return (n=30)	Pacientes that did not return(n=79)	p
Age	34,97 ± 4,96	33,06 ± 5,60	0,24
Gestational age at first visit	26,797 ± 7,97	30,05 ± 5,48	0,049
Pre gestational weight	70,630 ± 15,01	71,841 ± 17,68	0,577
Gestational final weight	79,093 ± 12,17	82,526 ± 16,19	0,271
Weight gain	8,463 ± 6,47	10,68 ± 8,55	0,545
BMI	34,6 ± 4,2	25,76 ± 10,21	0,066
Fast glucose at diagnosis	77,3 ± 36,7	92,4 ± 34,7	0,411
Reevaluation (days)	60,63 ± 33,20	-	-
Smoking (%)	2	1	0,124
Sedentary n (%)	20	57	0,507
Past GDM n (%)	3	9	0,836
Gestational hypertension n (%)	3	13	0,563
Pre/Eclampsia n (%)	0	1	0,536
Thyreoidopathy n (%)	1	4	0,700
Diabetes, FH n (%)	16	49	0,216
Obesity, FH n (%)	5	24	0,293
Polyhydramnios (%)	0	1	0,536
Dx IASDPSG n (%)	28	57	0,057
Dx 2nd Reunion n (%)	2	21	0,057

FIGURE 1 –PATIENTS POST PARTUM GTT

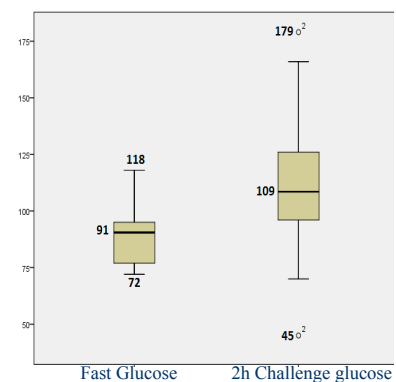
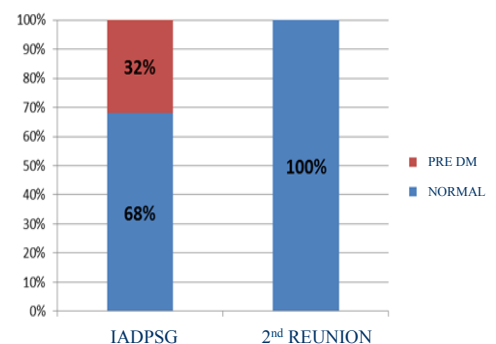


FIGURE -2: POST-PARTUM GLYCEMIC EVALUATION ACCORDING TO THE GDM DIAGNOSTIC CRITERIA – IADPSG x 2nd REUNION



Conclusion

The rate of return for postpartum blood glucose assessment was very low, evidencing the need for strategies to increase reevaluation after gestation. We observed that the patients who did not return after gestation had a higher gestational age at the first visit, therefore a shorter time of outpatient follow-up.