EP02.44 - Rare fetal conditions associated with gestational diabetes mellitus: management, prognosis and surveillance

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Introduction

Once the diagnosis of gestational diabetes mellitus is established, the clinician will classify the case as one with high maternal-fetal risk. The antepartum management, counseling, assessment of fetal well-being and delivery timing are crucial aspects for these cases. Besides the short-term complications, frequent and well-known as: macrosomia, preeclampsia, polyhydramnios, stillbirth and neonatal morbidity, we aimed to analyze other, rarer fetal conditions associated with gestational diabetes.

Spontaneous abortion and fetal malformation have significantly increased rates in women with an elevated glycated hemoglobin (>10.1%). Poor metabolic control with maternal hyperglycemia during organogenesis increases the risks for these conditions.

Conclusion

For many Congress participants, the “conclusions” may be the most important element of a poster. You may feature this part with a larger type size – or give it a different colour.

Regarding the genetic predisposition to gestational diabetes mellitus, it seems that hyperglycemia in pregnancy, increases significantly as an epigenetic factor the risk for gestational diabetes in the next generation. The risk for chorioamnionitis is increased in pregnancies complicated with gestational diabetes through placental inflammation and subclinical infection. In this context, if a high glucose concentration is associated, the risk of very preterm delivery increases with 12-fold. Particularly, for pregnancies with gestational diabetes, twice weekly antenatal testing with amniotic fluid index and fetal status evaluation is recommended, starting at 32 weeks of gestation. Between 6 and 12 weeks postpartum, all cases of gestational diabetes should undergo a two-hour, 75-gram oral glucose tolerance test.