

CHARACTERISTICS OF PREGNANCY, DELIVERY AND THE POSTPARTUM PERIOD IN PREGNANT WOMEN DIAGNOSED WITH GESTATIONAL DIABETES MELLITUS

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KARAKTERISTIKE TRUDNOĆE, POROĐAJA I POSTPARTALNOG PERIODA TRUDNICA SA DIJAGNOZOM GESTACIJSKOG DIJABETES MELITUSA

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ABSTRACT

Gestational diabetes mellitus refers to both transient diabetes that arises during pregnancy and is restored postpartum as well as forms of the disease that arise for the first time during pregnancy and persistently exhibit insulin-dependence (type 1) after childbirth. The basis for the development of gestational diabetes is the existence of insulin resistance.

Our target population was pregnant women between 20 and 46 years of age who were diagnosed with gestational diabetes (after the 24th week of pregnancy) and who were treated at the Department of Pathology of Pregnancy, Clinical Centre Kragujevac. During the research period, data were collected from 95 pregnant women with diagnosed gestational diabetes. In 3 women, the pregnancy ended in intrauterine foetal demise, and the study was continued with 92 subjects. This is a cross-sectional, retrospective and observational study.

The average age of the examinees in our sample is 31.6 years. A total of 77.89% of the examinees achieved normoglycaemia exclusively via a hygienic dietary regimen. However, 27.2% of the subjects exhibited comorbidities in addition to gestational diabetes, which further complicated the pregnancy. A total of 70.7% examinees delivered between the 37th and 40th week of gestation. Vaginal delivery was dominant, with episiotomy in almost half the cases. The average body weight of newborns from pregnancies complicated by gestational diabetes was 3587.07 grams, which is very close to the macrosomia limit of 4000 grams.

The timely detection of gestational diabetes and an adequate treatment of pregnant women can prevent the occurrence of foetal macrosomia as the primary complication of these pregnancies. Pregnancy complicated by gestational diabetes is not necessarily an indication for a Caesarean section.

Keywords: pregnancy, gestational diabetes, delivery

SAŽETAK

Gestacijski dijabetes melitus odnosi se na tipove dijabetesa nastale u trudnoći sa prolaznim karakterom postpartalno, ali i na oblike ove bolesti koji se prvi put otkrivaju u trudnoći, a nastavljaju da perzistiraju i nakon porođaja kao insulin zavisni tipovi (tip 1).

Ciljana populacija bile su trudnice starosti između 20 i 46 godina sa dijagnostikovanim gestacijskim dijabetesom (nakon 24. nedelje trudnoće) lečene na odeljenju patologije trudnoće KC Kragujevac. U periodu ispitivanja podaci su prikupljeni od 95 trudnica sa dijagnozom gestacijskog dijabetesa. Zanimareni su podaci prikupljeni od 3 trudnice sa intrauterinom smrću ploda, a studija je nastavljena sa 92 trudnice koje imaju dijagnozu gestacijskog dijabetesa melitusa. Studija koju smo sprovedi je studija preseka, retrospektivna i opservaciona.

Prosečna starost ispitanica u uzorku iznosi 31.6 godina. Većina trudnica su bile prvorotke. 77.89% trudnica je stanje normoglikemije ostarivalo higijensko dijetetskim režimom. Prateće dijagnoze koje su trudnoću komplikovanu gestacijskim dijabetesom dodatno komplikovale imalo je 27.2% trudnica. 70.7% trudnica se porodilo između 37. i 40. nedelje gestacije. Dominirao je vaginalni način porođaja uz epiziotomiju kod skoro polovine ispitanica.

Pravovremeno otkrivanje gestacijskog dijabetesa i adekvatno lečenje trudnica sprečiće nastanak makrozomije fetusa kao osnovne komplikacije ovih trudnoća. Trudnoća komplikovana gestacijskim dijabetesom nije sama po sebi indikacija za carski rez.

Ključne reči: trudnoća, gestacijski dijabetes, porođaj

