PREGNANCY PLANNING IN TYPE 1 DIABETES MELLITUS

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OBJECTIVE

The aim of this study was to determine the prevalence of pregnancy planning in women with Type 1 Diabetes Mellitus (DM-1) and analyzing differences associated with unplanned pregnancy.

PATIENTS AND METHODS

Retrospective descriptive study of pregnancies in women with DM-1 (2004-2012). Variables analyzed: age, time of diabetes evolution, microvascular complications, maternal outcomes (HbA1c, preeclampsia, abortions and cesarean section) and neonatal outcomes (perinatal death, gestational age at delivery, birth weight and congenital malformations). The pregnancies were divided in groups attending to pregnancy planning and were analyzed to evaluate possible differences between them (group 1: planning, group 2: unplanned). Statistical analysis: comparing proportions with the chi-squared and comparing means with Student´s test.

RESULTS

132 pregnancies in women with DM-1
Unplanned pregnancy: 67,4%.
Caucasian 99,2%

Characteristics	Group 1		Group 2
Age (years)	31,84 ± 4	p=0,34	29±4,5
Time of evolution (years)	13,5±8,1	p=0,56	13,1±7,7
Nonproliferative diabetic retinopathy (%)	4,6	p=0,5	5,6
Proliferative diabetic retinopathy (%)	9,3	p=0,9	8,9
Microalbuminuria (%)	0	p=0,22	3,3
Nephropathy (%)	0	p=0,32	2,24
Hypertension (%)	0	p=0,32	2,24
Undertreated hypothyroidism (%)	23	p=0,45	18,2
Smoking (%)	7	p=0,33	12,5

HbA1c (%)	Group 1		Group 2
Before pregnancy	6,4	p=0,00	8,04
First trimester	6,36	p=0,004	7,6
Second trimester	6,01	p=0,01	6,63
Third trimester	6,14	p=0,21	6,77

Maternal and neonatal outcomes	Group 1		Group 2
Preeclampsia (%)	0	p=0,21	3,5
Abortions (%)	6,9	p=0,7	8,04
Caesarean section (%)	55	p=0,3	44,8
Perinatal death (%)	0	p=0,9	1,1
Gestational age at delivery (week)	38,5	p=0,1	37,08
Macrosomia (%)	25,6	p=0,28	35
Neonatal hypoglycemia (%)	5	p=0,28	5,3
Congenital malformations (%)	7,2	p=0,9	7,3

CONCLUSIONS

Gestation planning is deficient and is associated with glycemic control deficit at the beginning of gestation. Glycemic control is similar in third trimester of pregnancy, and maternal and neonatal outcomes were similar in both groups.

17 ECE
476--EP
Diabetes (complications & therapy)
Paloma Moreno Moreno
DOI: 10.3252/pso.eu.17ece.2015
Poster presented at: ECE2015 16–20 May 2015 DUBLIN, IRELAND 17th EUROPEAN CONGRESS OF ENDOCRINOLOGY