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Gestational diabetes without risk factors: A group with increased risk of small for gestational age babies? Results from a retrospective case-controlled study

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Gestational diabetes without risk factors: A group with increased risk of small for gestational age babies? Results from a retrospective case-controlled study

Abstract # 952

Session: Catching up with gestational diabetes

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Gestational diabetes without risk factors: A group with increased risk of small for gestational age babies? Results from a retrospective case-controlled study
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Background and aims: Gestational diabetes mellitus (GDM) affects approximately 9% of pregnancies in France in 2013. GDM without risk factors represents 10% of all GDM. The prevalence of small for gestational age (SGA) is estimated at 4 to 12% according to a European meta-analysis, around 5.1% of births in France. The aim of our retrospective case-control study in a cohort of women with GDM was to evaluate the number of SGA and their potential links with the conventional criteria well known in GDM.

Materials and methods: We conducted a retrospective study in 1,464 women with GDM admitted to a university hospital ambulatory diabetology unit between January 2011 and November 2016. After randomly drawing files of GDM with and without risk factors (RF), we analyzed SGA and different parameters in the two different populations. Uni- and multivariate analyses were performed with stata V14 software, using Rank, Chi-2, Kruskal-Wallis and covariance tests; p values < 0.05 were considered significant.

Results: We analyzed 179 births: 63 births in the "cases" group =1 (GDM without RF) and 116 births in the "control" group= 0 (GDM with RF). The SGA rate was significantly higher in group 1 than in group 0: 25.4% vs. 11.6% (p= 0.029). The risk of SGA was higher in those with the lowest HbA1c: OR: 0.26, 95%CI [0.1; 0.7] (p= 0.008) and in smokers: OR: 4.69; 95%CI [1.4; 15.7] (p= 0.017). For birth weight in multivariate analysis, we found a positive correlation with maternal BMI in all GDM (r= 0.8) and a significant negative correlation with being in group 1 (p= 0.009).

Conclusion: In our cohort, SGA was significantly higher among women with GDM without RF than among those with RF. SGA correlated significantly with lower HbA1c (p= 0.008) and higher tobacco consumption (p= 0.017). There was a positive correlation between maternal BMI and birth weight (r= 0.8). Having GDM without RF was associated with a higher risk of lower birth weight. We need to confirm these preliminary data in a prospective study in women with GDM, in particular to better understand this high proportion of SGA.

Disclosure: R. Jouini: None.

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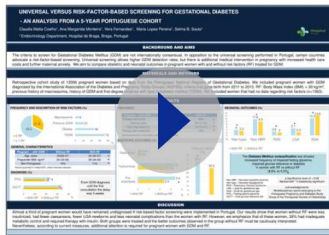
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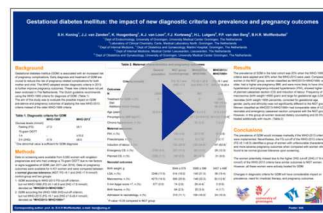
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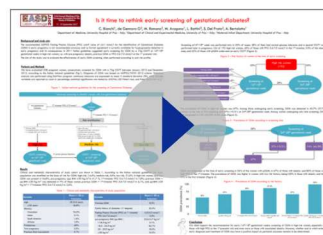
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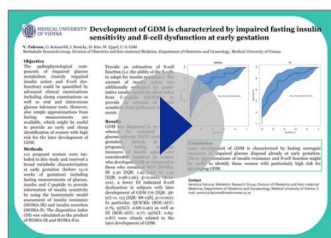
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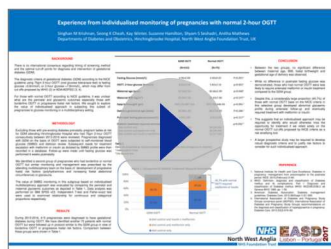
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