Abstract

Survey the Quality of Care and Outcome of Mother, Fetus, and Neonate of Women with Gestational Diabetes Mellitus who Referred to Health Centers and Hospitals in the Ardabil City during 2007-8

Introduction: Gestational diabetes mellitus (GDM) is defined as any degree of glucose intolerance with onset or first recognition during pregnancy. Untreated gestational diabetes mellitus causes significant risks of perinatal morbidity. However, treatment will improve outcome. The purpose of this study is to survey the quality of care and outcome of mother, fetus, and neonate of women with GDM who had been referred to health centers and hospitals in the Ardabil city.

Methods: This study is performed on all women diagnosed with GDM during 2007-8. The diagnosis was based on having 2 or more criteria of Carpenter and Coustan criteria. A modified version of national screening program for GDM was administered for data collection. The questionnaire elucidated information on demographic factors, medical and obstetric history, risk factors, glucose tolerance test (GTT). Results of tests and physical examination were recorded in each visit. Then in every refer we registered tests and physical exam and type of treatment. Thereafter patients were followed until delivery and 6 weeks after as well as neonatal status.

Results: There was positive family history of diabetes in 58.6% of cases. 24% of patients had lower risk and 76% of them were at high risk.

The mean referral time during pregnancy was 3.66± 2.66 times and mean gestational weeks during pregnancy was 25. 64 ±8.06 weeks which was mostly due to checking fasting blood sugar (FBS)?

70% of patients controlled by diet and 20% needed insulin during pregnancy. 14% of patients needed hospitalization. Macrosomia in 20% of cases, fetal distress in (2.9%, dystocia in 11.4% of them caused cesarean delivery. After delivery blood sugar (BS) was measured in 53% of neonates and calcium (Ca) in 30%. In the first 24 hour after delivery there was seizure in 1.4% of neonates, fetal distress in 18.6% , hypoglycemia in 32.9% and hypocalcaemia in 4.3%.

After delivery 15.7% of patients had postpartum diabetes mellitus and 10% had glucose intolerance.

Conclusion: Neonatal and mother’s Care in patients with GDM was incompletely performed compared to national program of gestational diabetes mellitus subjects.

Key words: Gestational diabetes mellitus, neonate, blood sugar, pregnancy complication