

EP16.35 Diabetes during pregnancy and fetal weight below the 10th percentile in a tertiary care hospital

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● Objectives

The aim of this study is to describe cases of fetuses with an estimated fetal weight (EFW) at or below the 10th percentile ($\leq P10$) in pregnant patients diagnosed with pregestational diabetes (PD) and gestational diabetes (GD)

● Methods

This case series was conducted at the diabetes clinic in a tertiary care hospital, between May 2023 and December 2024

● Results

A total of 458 pregnant women with a confirmed diagnosis of PD or GD were evaluated. Glycemic control was assessed through capillary glucometry, with an average control target of $70-80 \pm 5\%$. Patients attended an average of 5 ± 2 consultations throughout the study period.

Among the participants, 34% had PD, while 66% had GD. The majority of the cohort (85%) had a body mass index (BMI) ≥ 25 , and 12% were diagnosed with hypertensive disorders, distributed as 37 cases among PD patients and 19 cases among GD patients.

Additionally, 19 PD patients were diagnosed with type 1 diabetes mellitus (DM1). Of the total cohort, 16.3% of fetuses had an EFW $\leq P10$, while 40% of cases had an EFW $\geq P90$. Among the GD group, 13% of fetuses had an EFW $\leq P10$. Of these cases, 62% met the criteria for FGR, defined as an EFW below the 3rd percentile and/or EFW $\leq P10$ with Doppler abnormalities, while 38% were classified as SGA (Fig.1). In the PD group, 34% of fetuses with an EFW $\leq P10$ had FGR, while 66% were categorized as small for gestation age. Only one patient with DM1 developed FGR

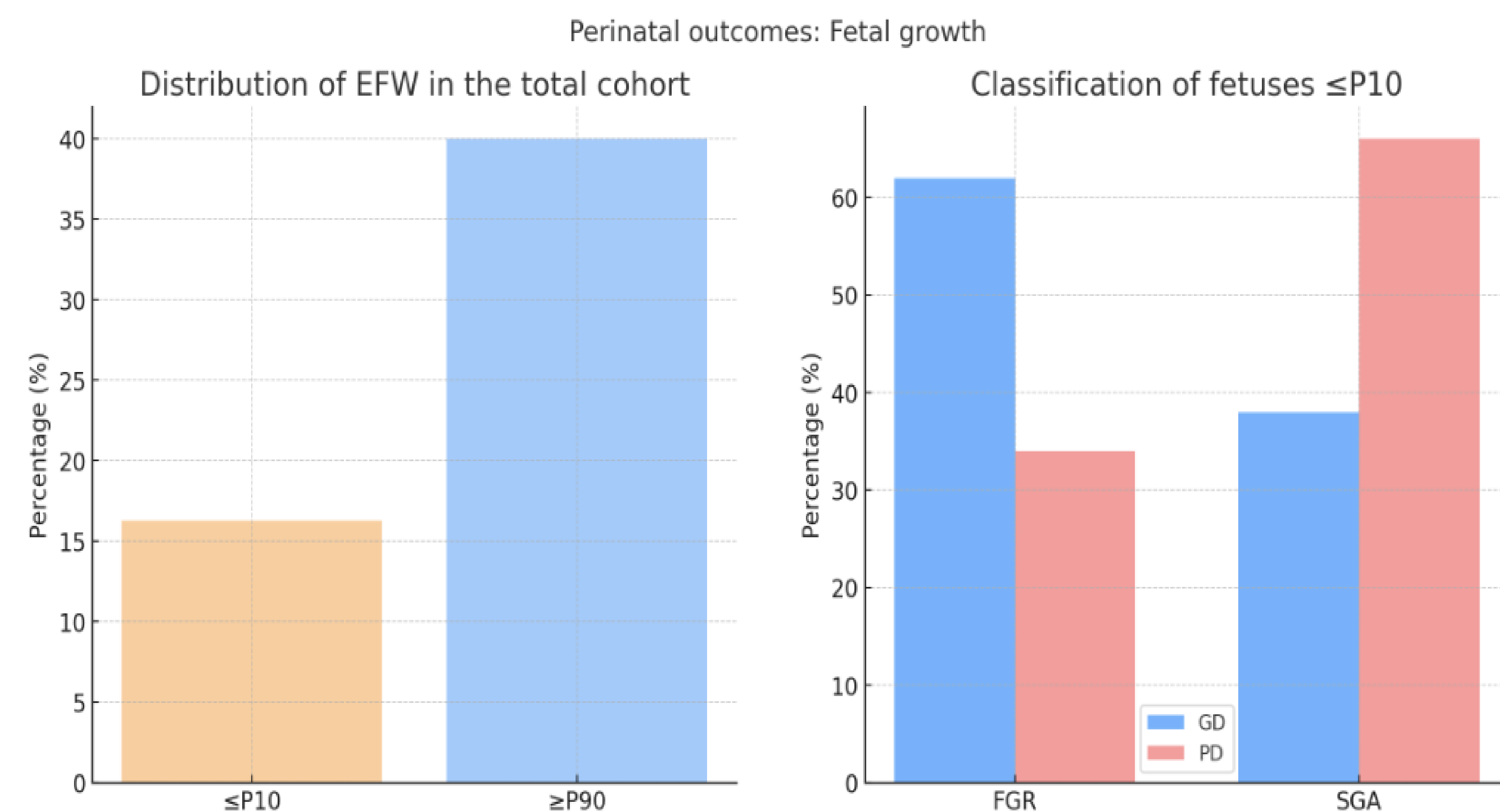


Fig.1

Conclusions

The management of diabetes during pregnancy is a complex and dynamic process that requires close monitoring of both maternal and fetal health parameters. The presence of FGR, is associated with an increased risk of perinatal morbidity and mortality, as well as long-term metabolic complications for the child. Therefore, early identification of risk factors, including maternal BMI, hypertensive disorders, and the type of diabetes, is crucial in optimizing fetal growth outcomes