

Underlying placental pathology in pregnant individuals with diabetes and decreasing insulin requirements

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Introduction

Some pregnant individuals with **pre-existing diabetes** have *decreased* insulin requirements (**DIR**) in the late third trimester.

It is **uncertain** whether this decreased insulin requirement represents a pathologic process of placental insufficiency.

The purpose of this study is to identify if **maternal vascular malperfusion** (MVM) or other placental pathology is associated with a decreased insulin requirement.

Chi-square (or Fisher's exact) tests were used to compare proportions between groups.

Definitions

DIR: decreased insulin requirement

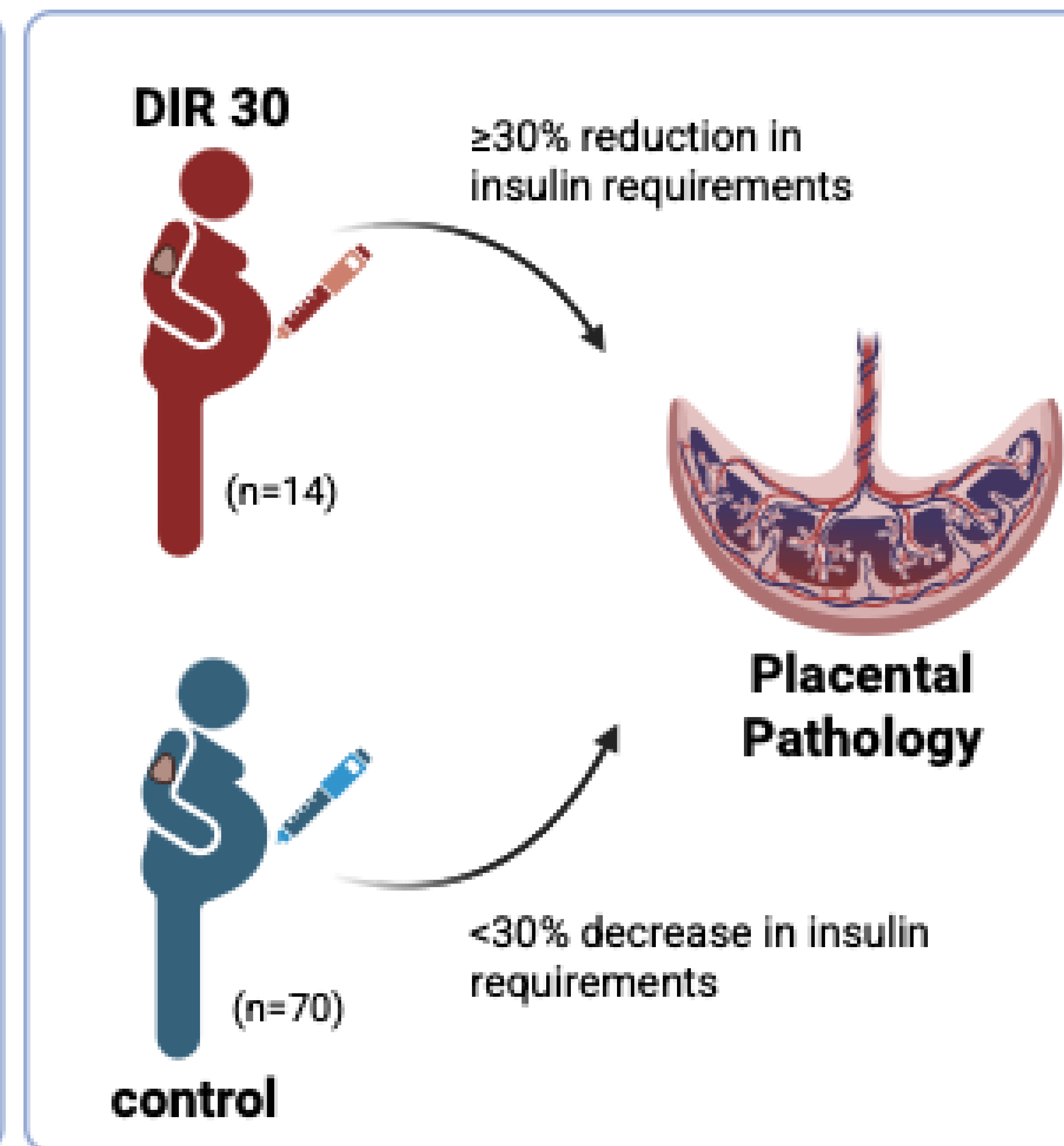
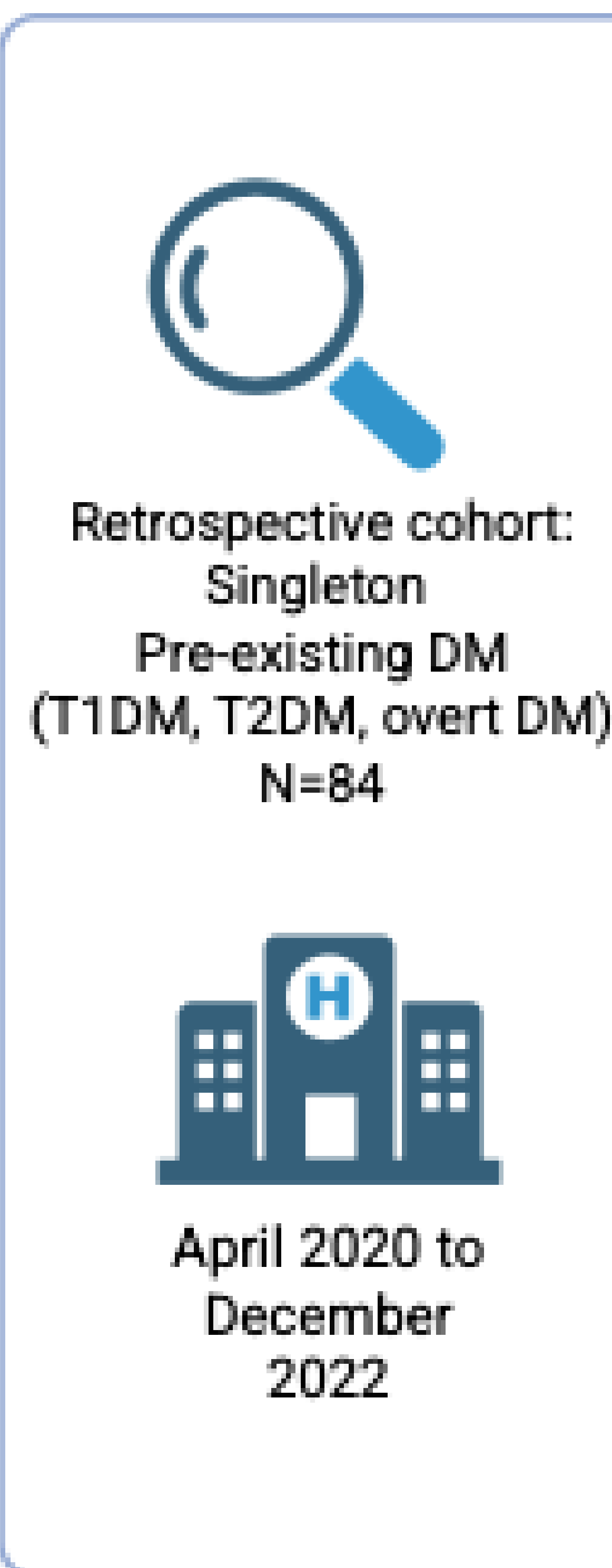
- DIR30: $\geq 30\%$ decrease in total daily or basal insulin requirement

DM: diabetes mellitus

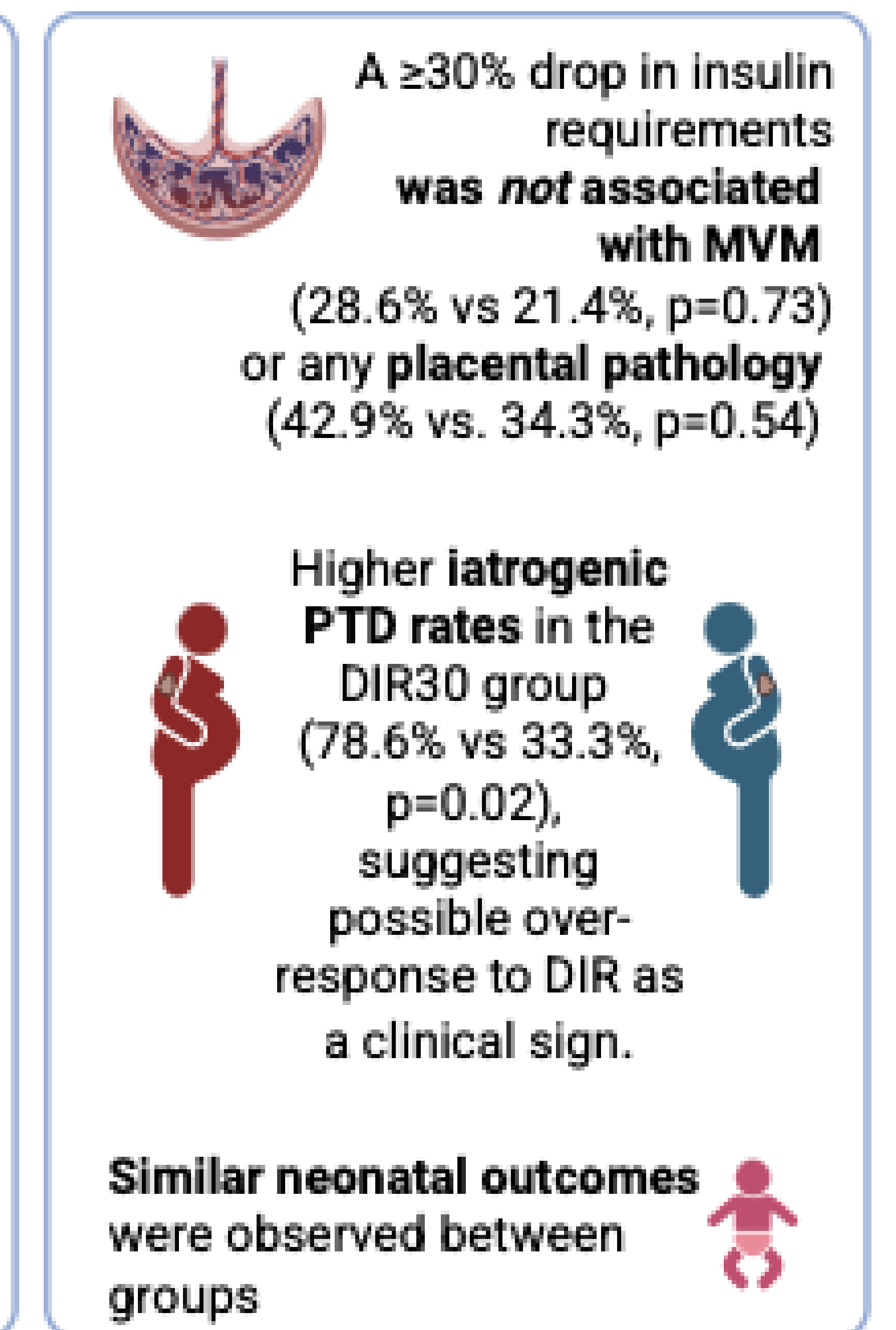
- T1DM: type 1 diabetes mellitus
- T2DM: type 2 diabetes mellitus
- Overt DM: diabetes mellitus diagnosed in pregnancy <24 weeks

MVM: maternal vascular malperfusion

Methods



Results



Conclusion

We suggest that the independent finding of decreased insulin requirement does not itself require altered management since there was no association with placental pathology.