

Poster EP15.85.

Fetal growth patterns and perinatal outcomes in pregnancies complicated by pre-existing diabetes: a retrospective cohort study from a district general hospital (DGH) in London UK
London. Qazi A, Hamid R, Samarage H ; London Northwest University Healthcare NHS Trust, London, UK

Objectives

Pregnancies complicated by pre-existing diabetes mellitus are associated with increased risks of abnormal foetal growth and adverse perinatal outcomes. Ultrasound surveillance plays a crucial role in monitoring foetal growth and identifying abnormalities such as macrosomia and foetal growth restriction. This study aimed to evaluate foetal growth patterns detected on serial ultrasound scans and their association with perinatal outcomes in pregnancies complicated by Type 1 and Type 2 diabetes in a district general hospital in London, UK.

Results

Based on birth-weight centiles, foetal outcomes were distributed as follows:

Foetal growth restriction (≤ 3 rd centile): 12%

Small for gestational age (4th–10th centile): 16%

Appropriate for gestational age (≥ 11 th centile): approximately 72%

Conclusions

Serial ultrasound surveillance in pregnancies complicated by pre-existing diabetes provides important information regarding fetal growth trajectories and allows early identification of fetuses at risk of macrosomia or growth restriction. Abdominal circumference measurements above the 90th centile on growth scans at 28, 32 and 36 weeks were associated with macrosomia at birth. These findings emphasise the importance of regular ultrasound monitoring alongside optimisation of maternal glycaemic control to improve perinatal outcomes in diabetic pregnancies

