IDMs are more likely to have disproportionately large abdominal circumferences and shoulders, leading to an increased risk of shoulder dystocia and birth injury (Dailey and Coustan, 2010). Infants of mothers with advanced diabetes may be small for gestational age, may have IUGR, or may be the appropriate size for gestational age because of the maternal vascular (placental) involvement. There is an increase in congenital anomalies in IDMs in addition to a high susceptibility to hypoglycemia, hypocalcemia, hypomagnesemia, polycythemia, hyperbilirubinemia, cardiomyopathy, and RDS (Dailey and Coustan, 2010). Hyperinsulinemia and hyperglycemia in the diabetic mother may be factors in reducing fetal surfactant synthesis, thus contributing to the development of RDS. Although large, these infants may be delivered before term as a result of maternal complications or increased fetal size.

Box 8-8

Clinical Manifestations of Infants of Diabetic Mothers

- Large for gestational age
- Very plump and full faced
- Abundant vernix caseosa
- Plethora (polycythemia)
- Listless and lethargic
- Jitteriness