

Association of Adverse Pregnancy Outcomes with Glycemic Cut-offs Stated by the IADPSG, POGS and WHO Diagnostic Criteria for Gestational Diabetes Mellitus in De La Salle University Medical Center (DLSUMC), Cavite, Philippines from January 2012 - December 2015

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Objectives: To determine the association between adverse pregnancy outcomes with each of the 75g OGTT cut-off values prescribed by the World Health Organization (WHO), Philippine Obstetrical and Gynecological Society (POGS), and the International Association of Diabetes in Pregnancy Study group (IASDPG) criteria to help define more appropriate glycemic cut-off levels for Filipinas.

Methodology: Retrospective Cohort study of pregnancy deliveries in De La Salle University Medical Center (DLSUMC), Cavite, Philippines from January 2012 to December 2015. Subjects were >18 years old with a singleton pregnancy, a 75g OGTT result, and complete medical record without other existing comorbidities or illnesses that may affect outcomes. Maternal and neonatal outcomes were recorded and their association with the different glycemic cut-offs stated by the WHO, POGS and IADPSG were analyzed.

Results: Total of 195 subjects were included. Patients with an FBS ≥ 126 mg/dL were 5.7 folds more likely to have pre-eclampsia ($p = 0.020$) and 3.2 folds likely to have preterm delivery ($p = 0.44$), however, there is a significant number of GDM patients (22.3%) not diagnosed by this higher FBS cut-off. Maternal outcomes showed 2.9 folds increased risk for preterm delivery with the 1-hour OGTT of ≥ 180 mg/dL ($p = 0.021$) and 6.7 times likely to have gestational hypertension with the 2-hour OGTT of ≥ 140 mg/dL ($p = 0.011$).

Conclusion: It is recommended to utilize the IADPSG criteria, but the usage of 2-hr OGTT of ≥ 140 mg/dL instead of ≥ 153 mg/dL showed added advantage for the Filipino population.