



GDM: relation between 3rd trimester fetal abdominal circumference, birth weight and neonatal morbidity

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Objective

Evaluation of the association between third trimester foetal AC percentile with birth weight BW and neonatal outcome in women with gestational diabetes.

Methods

The foetal AC percentile of the third ultrasound screening in pregnant women with GD are analysed in maternity. We explored 167 pregnant women after 30 weeks. To explore the results we used Fishers test and Spearman correlation and percentile (<50 , ≥ 50).

Results

We included 167 pregnancies with a median maternal age 33 years old. The BW was 3145 g (range 2300 to 4350 g) and a delivery age 34 to 39 years old. Gestational age (range 34 to 40) and foetal AC percentile 50 (range 1 to 100). Neonatal outcome: morbidity 25%, small for GA 10, 3%, LGA 9. 5%, macrosomia 5. 4% and neonatal hypoglycemia 14%. The rates of LGA and macrosomia were greater in the percentile group greater than 50 (8. 5 vs 9. 7 and 92. 7 vs 6. 4). There is a strong correlation between AC and BW ($p < 0. 001$). There is no significant difference in neonatal hypoglycemia rate $p = 0. 168$.

Conclusion

In the screening of fetal macrosomia and LGA the foetal AC is very useful. These results suggest that AC measurement can help to predict the BW and seems to be a good parameter in evaluation of gestational diabetic pregnant women.