Author(s): T. Rocha, L. Ruas, J. Dores; M. Carvalheiro
Place of work: Pregnancy Study Group of the Portuguese Diabetes Society, Lisboa, Portugal.
Title: A registry of Gestational Diabetes in Portugal: a work in progress of the Portuguese Diabetes Society

Abstract:
Aims: To evaluate the results of a registry of gestational diabetes (GDM) implemented by the Portuguese Diabetes Society during the year of 2003.

Material and Methods: A basic information sheet was developed to collect the data at National level. GDM was diagnosed according to Coustan and Carpenter criteria. The parameters studied were: age; family history of DM; 100g-OGTT; gestational age (GA) of diagnosis and at first hospital appointment; previous BMI; weight gain; mean third trimester HbA1c; hypertension (>130-80 mmHg); insulin therapy according to the Portuguese Consensus (cut/off points: fasting glycemia > 90 mg/dl or 1 h post/prandial glycemia >120 mg/dl); time and type of delivery; newborn weight, apgar index; prevalence of large for gestational age babies; newborn morbidities, and reclassification of mothers diabetes status at 6-8 weeks after pregnancy. A national record (Ministry of Health) of all the pregnancies in 2003 showing a GDM prevalence of 3.1% was used as a reference.

Results: A total of 1314 GDM women from 26 public hospitals were registered representing 43% of all GDM found at the national record. Maternal parameters: family history of DM: 52.4%; previous GDM 11.3%. In the 100g-OGTT two diagnostic glycemic values were found in 58.3%, three in 34.3% and four in 7.4%. The mean GA at diagnosis and at first hospital appointment was 30 and 32 weeks, respectively. Mean previous BMI (26.7±5.5) and mean weight gain 9.8 (±5.5) Kg. Hypertension was found in 17.1%. Insulin therapy was started in 63.9%. Delivery occurred at a mean GA of (38±1.6) weeks, caesarean section was performed in 37.1%. Mother reclassification of diabetes status after pregnancy showed a DM prevalence of 2.7%, IFG 16.9% and IGT of 8.7%. Neonatal parameters: Fetal mortality 0.4%, large for gestational age 8.9%; newborn morbidity 12.2% being the main causes, significant jaundice 4.1%; hypoglycemia 2% and malformations 2.6%.

Conclusions: This registry based on a basic information sheet proved to be a very useful tool to evaluate the management of maternal and fetal outcomes as well as the diabetes maternal status after pregnancy. In a complementary way this registry allows a national standardization of GDM screening, diagnosis and care. Than we conclude that it can be a good help for a better improvement of care and follow-up of these women.
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E-mail: x.zoupas@hygeia.gr