

## **CLINICAL FEATURES AND PREGNANCY OUTCOMES IN GESTATIONAL DIABETES MELLITUS**

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### **Relevance.**

Gestational diabetes mellitus is one of the most common metabolic disorders of pregnancy and is associated with an increased risk of obstetric and perinatal complications [5]. The International Association of Diabetes and Pregnancy Study Groups (IADPSG) has developed updated guidelines for the diagnosis of gestational diabetes mellitus. According to these guidelines, all pregnant women without previously diagnosed diabetes are recommended to undergo an oral glucose tolerance test (OGTT) between 24 and 28 weeks of gestation [1].

The key rationale for introducing expanded screening for gestational diabetes mellitus and revising diagnostic criteria was the multicenter HAPO (Hyperglycemia and Adverse Pregnancy Outcomes) study, which demonstrated a direct relationship between maternal glycemia and the risk of adverse pregnancy outcomes for both mother and fetus [2]. Based on the consensus of experts in endocrinology and obstetrics and gynecology, a national consensus was adopted in our country, "Gestational Diabetes Mellitus: Diagnosis, Treatment, Postpartum Care," which provides for universal two-stage screening of all pregnant women without previously diagnosed diabetes mellitus [3,4].

**Objective.** To assess the prevalence of gestational diabetes mellitus among pregnant women, analyze the main risk factors, and examine the course and outcomes of pregnancy in patients with GDM.

**Materials and Methods.** A retrospective analysis of primary documentation data from 81 pregnant women diagnosed with GDM. A comparative analysis of pregnancy complications and outcomes was conducted depending on the timing of GDM diagnosis.

**Results and discussion.** Gestational diabetes mellitus (GDM) was diagnosed in 81 pregnant women. The study included three groups of pregnant women. The first group consisted of 37 obese women (45.7%) (24-37 weeks of gestation) with an adverse obstetric history and complications (preeclampsia, hypertension, anemia, threatened premature birth, placental insufficiency). The second group included 33 obese pregnant women (40.7%) with gestational diabetes mellitus (22-37 weeks) with complications



(insulin resistance, fetal macrosomia, polyhydramnios, hypertension, metabolic disorders). The third group consisted of 11 relatively healthy pregnant women (13.6%) (22-41 weeks) without significant concomitant complications.

**Adverse outcomes.** Pregnancy complications were statistically more common in patients in the first (45.7%) and second (40.7%) groups compared to the control group (13.6%) ( $p < 0.05$ ). Hypertensive and placental complications predominated in the first group, while metabolic and fetal complications predominated in the second. The incidence of adverse outcomes was significantly lower in the group of relatively healthy pregnant women.

**Conclusions.** The prevalence of GDM was 40.7%, which is consistent with data from various epidemiological studies in other regions. However, the incidence of adverse pregnancy outcomes remains high. Therefore, further research aimed at assessing the main factors influencing the course and outcomes of pregnancy is advisable.

### References

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