



Diabesity in Obstetrics: A Silent Malaysian Epidemic

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INTRODUCTION

Obesity is a global epidemic while diabetes is highly prevalent in Malaysia. The synergistic combination of both; diabesity may have far greater Obstetric implications. The long term implications on the newborn is a significant health care concern.

The objective of this study is to highlight the significance of diabesity in Malaysia and to evaluate its Obstetric implications. This is a vital step as we endeavour towards achieving safe motherhood and also a future generation of healthy individuals.

METHODS

This is a retrospective cohort study. The study period was from 1st January 2010 till 31st December 2012 and **17,770 pregnant mothers with diabesity** were studied.

Specific variables were extracted from the National Obstetric Registry of Malaysia (NOR) from all the participating hospitals, which totalled to 399,274 patients.

RESULTS

Diabesity is highly prevalent in Malaysia with an incidence of 4.5% in pregnancy

Diabesity	Obstetric Complications					
	Yes	No	OD	P value		
	N(%)	N (%)	(95% CI)			
	1) Caesarean section					
Yes	7,663 (8.1)	9,888 (3.3)	2.57 (2.49-2.65)	<.0.001		
No	86,939 (91.9)	287,845 (96.7)	1.00 (ref)			
	2) Prematurity					
Yes	2,382 (5.7)	15,388 (4.3)	1.34 (1.28-1.40)	<0.001		
No	39,460 (94.3)	340,597 (95.7)	1.00 (ref)			
	3) Primary PPH					
Yes	190 (9.5)	17,580 (4.4)	2.25 (1.93-2.61)	< 0.001		
No	1,819 (90.5)	378,238 (95.6)	1.00 (ref)			
	4) Shoulder dystocia					
Yes	113 (15.1)	17,657 (4.4)	3.82 (3.12-4.67)	<0.001		
No	636 (84.9)	379,421 (95.6)	1.00 (ref)			

Table 1: Diabesity and Obstetric complications

OD: Odds Ratio CI: Confidence Interval; P value is based on simple logistics regression

Diabesity	Fetal Complications					
	Yes	No	OD	P value		
	N (%)	N (%)	(95% CI)			
	1) Macrosomia					
Yes	1,038 (19.7)	16,732 (4.3)	5.50 (5.13-5.90)	< 0.001		
No	4,239 (80.3)	375,818 (95.7)	1. ref)			
	2) Stillbirth					
Yes	199 (6.2)	17,571 (4.5)	1.43 (1.24-1.65)	< 0.001		
No	2,993 (93.8)	377,064 (95.5)	1.00 (ref)			
	3) Birth Asphyxia					
Yes	683 (4.8)	17,087 (4.5)	1.09 (1.00-1.17)	0.041		
No	13,501 (95.2)	366,556 (95.5)	1.00 (ref)			
	4) Birth injuries					
Yes	13 (12.1)	17,757 (4.5)	2.96 (1.66-5.29)	< 0.001		
No	94 (87.9)	379,963 (95.5)	1.00 (ref)			

Table 2: Diabesity and fetal complications

OD: Odds Ratio CI: Confidence Interval ; P value is based on simple logistics regression

Diabesity is not a significant risk factor for DVT, thromboembolism and anaesthetic complications

CONCLUSIONS

Diabesity is a modern epidemic and is also highly prevalent in Malaysia. The maternal and fetal implications are extremely significant and perturbing.

There is an urgent need for a greater awareness. Prevention should be the main focus. This will only be feasible with a comprehensive national health policy with governmental involvement and declaration.

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