# The Obstetric Implications of **Diabetes** & **Diabesity**NiniMalaysiaetrics Registry (NOR)

G MUNISWARAN

OBSTETRICIAN & GYNAECOLOGIST

HOSPITAL RAJA PERMAISURI BAINUN, IPOH

#### **INVESTIGATORS**







<u>Ganeshan</u> Muniswaran<sup>1</sup>, Japaraj <u>RP</u><sup>1</sup>, SA <u>Soelar</u> <sup>2</sup>, SD <u>Karalasingam</u><sup>2</sup>, R <u>Jeganathan</u><sup>3</sup>

- 1- Hospital Raja Permaisuri Bainun, Ipoh
- 2- Clinical Research Centre, Kuala Lumpur
- 3- Hospital Sultanah Aminah, Johor Bahru

#### BACKGROUND REVIEW

Diabetes is highly prevalent in Malaysia

## National Obstetrics Registry (NOR) Obesity is a modern epidemic

- ▶ The implications of diabetes and obesity in pregnancy are significant
- Implications of diabesity in pregnancy?

#### **OBJECTIVE**

#### National Obstetrics Registry (NOR)

▶ To compare the obstetric implications of diabetes and diabesity

#### **METHODS**

- Cross sectional retrospective cohort study National Obstetrics Registry (NOR)
- ► Dataset is from the National Obstetric Registry of Malaysia (Fourteen major tertiary hospitals in nationwide)
- ► Three year study period from 1<sup>st</sup> January 2010 till 31<sup>st</sup> December 2012

#### **DEFINITIONS**

#### **Inclusion criteria**

- ▶ Pre-gestational DM
- Hyperglycaemia in pregnancy (WHO)
- ► Obesity Booking **BMI>30kg/m²**
- Diabesity Pre-gestational DM and Obesity

#### **Exclusion criteria**

- GDM were excluded
- ▶ Booking >18 weeks of pregnancy

#### METHODS

Sample size
National 399,274 pregnant mothers

Diabetes
34,619 pregnant mothers

Sample size
Try (NOR)

Diabetes
17,770 pregnant mothers

#### Outcome Variables

#### Primary outcomes

- Fetal macrosomia
- Caesarean section rates
- Stillbirths

#### Secondary outcomes

- ► Shoulder dystocia
- Primary Post partum haemorrhage

Adjusted for maternal age, parity & ethnicity

#### STATISTICAL ANALYSIS

Multivariate analysis using logistic regressions

## National Obstetrics Registry (NOR) Crude and adjusted odds ratio with respective 95%

confidence interval

▶ Paired sample t-test to compare the mean difference between odds ratio

### National ORESULTSgistry (NOR)

#### DIABESITY IS COMMON

- Incidence of diabesity in pregnancy 4.5%.

  National Obstetrics Registry (NOR)
  - Most prevalent among Indians
  - ► Most common age group **35-39** years of age

#### FETAL MACROSOMIA

Condition		Fetal macrosomia						
Natio			Yes to	tricsNo	Crude OR (95% C	) P value		
i (ati)	<b>911</b> Q	No	%	No	%			
Diabetes	Yes	1,307	3.7	33,743	96.3 <b>3.47</b> (3.25-3.69)	<0.001		
	No	4,024	1.1	360,200	98.9 1.00 (ref)			
Diabesity	Yes	780	6.7	10,867	93.3 <b>6.04</b> (5.59 -6.53)	<0.001		
	No	4,551	1.2	383,076	98.8 1.00 (ref)			

#### CAESAREAN SECTION

Condition		Caesarean Section						
Natio			'es fo	tricsNo	Rec	Crude OR (95% CI)	P value	
racin	<i>511</i> G	No	%	No	%	Jioti y (140		
Diabetes	Yes	12,542	36.2	22,077	63.8	<b>1.90</b> (1.86-1.95)	<0.001	
	No	82,543	23.0	276,599	77.0	1.00 (ref)		
Diabesity	Yes	5,357	46.6	6,146	53.4	<b>2.84</b> (2.74 -2.95)	<0.001	
	No	89,728	23.5	292,530	76.5	1.00 (ref)		

#### STILLBIRTH

Condition		Stillbirth						
Natio		Oh	Yes to	tricsNo	Crude OR (95% CI	) P value		
1 TOLLIN	<b>511</b> Ca	No	%	No	%			
Diabetes	Yes	319	0.9	34,410	99.1 <b>1.17</b> (1.04-1.31)	0.008		
	No	2,836	8.0	357,914	99.2 1.00 (ref)			
Diabesity	Yes	136	1.2	11,418	98.8 <b>1.50</b> (1.26 -1.79)	<0.001		
	No	3,019	0.8	380,906	99.2 1.00 (ref)			

#### PRIMARY PPH

Condition		Primary PPH						
Natio		Or	Yes	tricsNo	Crude OR (95% CI) P valu	Je		
ITACIO	<i>311</i> G	No	%	No				
Diabetes	Yes	356	1.0	34,694	99.0 <b>2.24</b> (1.99-2.51) < 0.00	1		
	No	1,663	0.5	362,561	99.5 1.00 (ref)			
Diabesity	Yes	140	1.2	11,507	98.8 <b>2.50</b> (2.10 -2.97) <0.00	1		
	No	1,879	0.5	385,748	99.5 1.00 (ref)			

#### SHOULDER DYSTOCIA

Condition		Shoulder dystocia						
Natio			Yes to	ricsNo	Crude OR (95% CI)	P value		
i totti		No	%	No	%			
Diabetes	Yes	193	0.6	34,857	99.4 <b>3.56</b> (3.03-4.20)	< 0.001		
	No	565	0.2	363,659	99.8 1.00 (ref)			
Diabesity	Yes	74	0.6	11,573	99.4 <b>3.62</b> (2.84 -4.60)	<0.001		
	No	684	0.2	386,943	99.8 1.00 (ref)			

#### CONCLUSION

Combination of diabetes & obesity has far greater obstetrics complications Registry (NR)

More prevalent then what is perceived!

Risk of fetal macrosomia & caesarean section is extremely significant

#### STRENGTH OF STUDY

▶ Large sample size

#### National Obstetrics Registry (NOR)

Adequately powered

#### LIMITATIONS

Retrospective study

## National Obstetrics Registry (NOR) Based on a single registry

#### RECOMMENDATIONS

- National Obstetrics Registry (NOR)
  - Urgent need of a aggressive & holistic approach
  - ► Global Initiative & National Health Policy & Declaration

#### REFERENCES

- ► Diabesity: A worldwide Challenge: European Commission Report Feb 2012
- Hossain P, Kawar B, El Nahas M (2007) Obesity and diabetes in the developing world a growing challenge. N Engl J Med 356: 213–215. doi: 10.1056/nejmp068177
  - ▶ Jensen DM, Damm P, et al. Pregnancy outcome and prepregnancy body mass index in 2459 glucose tolerant Danish women. Am J Obstet Gynecol. 2003;188:239-44
  - ► Mcmillen IC, Robinson J. Developmental origin of the metabolic syndrome. Physiol Rev. 2005;85:471-633

## THANK National Obstetrics

