

论文

妊娠期糖代谢异常对妊娠结局影响

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摘要:

目的 研究妊娠期糖尿病(GDM)和妊娠期糖耐量受损(GIGT)对孕产妇和新生儿的影响。方法 在产科住院待产孕妇中收集已经诊断为GDM 105例及GIGT的孕产妇共145例,并选取同期待产的血糖正常孕妇234人作为对照,对这3组孕产妇妊娠结局进行监测。结果 3组比较,乙型肝炎病毒阳性($P=0.009$)、剖宫产($P=0.000$)、妊娠期高血压疾病($P=0.002$)、妊娠期肝内胆汁淤积症($P=0.004$)、早产($P=0.027$)、足月小样儿($P=0.011$)、新生儿低血糖($P=0.007$)、新生儿肺炎($P=0.001$)和新生儿转科($P=0.000$)的发生率差异均有统计学意义;GDM组与正常组比较,乙型肝炎病毒阳性($P=0.041$)、剖宫产($P=0.000$)、妊娠期高血压疾病($P=0.001$)、妊娠期肝内胆汁淤积症($P=0.009$)、早产($P=0.012$)、足月小样儿($P=0.019$)、新生儿低血糖($P=0.030$)、新生儿肺炎($P=0.000$)和新生儿转科($P=0.000$)发生率差异均有统计学意义;GIGT组与正常组比较,乙型肝炎病毒阳性($P=0.041$)、剖宫产($P=0.000$)、妊娠期高血压疾病($P=0.021$)、妊娠期肝内胆汁淤积症($P=0.021$)、早产($P=0.048$)、新生儿低血糖($P=0.021$)、新生儿肺炎($P=0.004$)和新生儿转科($P=0.000$)发生率差异均有统计学意义。结论 GDM和GIGT均会引起不良妊娠结局,应加强对妊娠期糖代谢异常的筛查,重视对妊娠期糖代谢异常的管理和规范化治疗,以改善妊娠结局。

关键词: 妊娠期糖尿病(GDM) 妊娠期糖耐量受损(GIGT) 妊娠结局

Influence of abnormal glucose tolerance during pregnancy on pregnancy outcome

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Abstract:

Objective To investigate the impact of gestational diabetes mellitus(GDM)and gestational impaired glucose tolerance(GIGT)on pregnant women and newborns.Methods Totally 250 pregnant women hospitalized for their deliveries and diagnosed with GDM(105)or GIGT(145)were recruited in the study.And 234 pregnant women with normal blood glucose level were taken as control group at the same time.The pregnancy outcomes of the three groups were recorded and analyzed.Results There were significant differences among the three groups in the incidences of hepatitis B virus(HBV)positive ($P=0.009$),caesarean birth($P=0.000$),gestational hypertension($P=0.002$), intrahepatic cholestasis of pregnancy($P=0.004$),preterm delivery($P=0.027$),small-for-date infant($P=0.011$),neonatal hypoglycemia ($P=0.007$),neonatal pneumonia($P=0.001$),and neonate hospitalization($P=0.000$)among the three groups.Compared with those of the control group,there were significantly increased risks for HBV positive ($P=0.041$),caesarean birth($P=0.000$),gestational hypertension($P=0.001$),intrahepatic cholestasis of pregnancy ($P=0.009$),preterm delivery($P=0.012$),small-for-date infant($P=0.019$),neonatal hypoglycemia($P=0.03$),neonatal pneumonia($P=0.000$),and neonatal intensive care unit(NICU)admission ($P=0.000$)in the GDM group.The pregnant women in GIGT group showed higher risks of HBV positive ($P=0.041$),caesarean birth($P=0.000$),gestational hypertension($P=0.021$),intrahepatic cholestasis of pregnancy($P=0.021$),preterm delivery($P=0.048$),neonatal hypoglycemia($P=0.021$),neonatal pneumonia ($P=0.004$),and NICU admission($P=0.000$).Conclusion GDM and GIGT could cause undesirable pregnancy outcomes.The perinatal screening for gestational abnormal glucose metabolism and standardized treatment for GDM and GIGT should be strengthened to improve pregnancy outcomes among the women.

Keywords: gestational diabetes mellitus gestational impaired tolerance pregnancy outcome

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