

## HAPO VERSUS WHO 1999/DIPSI DIAGNOSTIC METHODS – DOES IT MAKE A DIFFERENCE TO PREGNANCY OUTCOMES?

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Objectives: To determine pregnancy outcomes of gestational diabetes (GDM) based on diagnostic criteria Design: Single center data of consecutive patients Setting: De Soysa Hospital for Women, Colombo, Sri Lanka. Methods: Prospective data of GDM patients from April, 2011 to October 2015 Outcome measures: diagnostic test, treatment method, pregnancy outcome. Results: A total of 338 diabetics were studied where 183 (54.14 %) were confirmed as GDM. Mean age = 31.33±6.1. Median POA at booking=12weeks. Diagnostic methods- DIPSI (75g Glucose Challenge Test=GCT) 76(42%) and fasting 75g OGTT 107(58%) -of whom 23/107 (12.6%) fulfilled HAPO criteria only; 16(8.7%) fulfilled WHO 1999 only and 68(37.2%) both. Mean 2 hour BG in GCT and OGTT were 159.7± 22.4 and 152.8±31.2 respectively. Interventions required: Medical Nutrition Therapy (MNT) alone 144(78.7%), MNT and metformin 14 (7.7%), MNT and insulin 17(9.9%) and all three 8(4.4%). Mean POA at delivery was 38.8 weeks (95%CI 37.6-39.9), mode of delivery was vaginal 110(60.1%), forceps 3(1.6%), ventouse 1(0.5%), emergency LSCS 20(10.9%) and elective LSCS 37(20.2%). Preterm deliveries=10(5.5%). Live births occurred 180(98.4%), perinatal deaths 2(1%). Mean birth weight 3.05±0.49kg; 3(1.6%) mothers had postpartum complications. 8(4.4%) developed PIH. 20(10.9%) neonates had complications. HAPO versus DIPSI/WHO—were similar for management interventions required (p=0.189), mode of delivery (p=0.175), birth outcomes (p=0.784), birth weight (p=0.393), neonatal complications (p=0.448) and maternal complications (p=0.170). Conclusion: Despite the use of 3 different criteria for the diagnosis of GDM, the management needs and pregnancy outcomes was similar in this single clinic setting.