

Diabetic ketoacidosis poses fetal risk during / after event

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(HealthDay)—Diabetic ketoacidosis (DKA) during pregnancy poses risk

for the fetus during and after the event, according to research published online June 12 in *Diabetes Care*.

Fritha J.R. Morrison, M.P.H., from Tulane University in New Orleans, and colleagues conducted a [retrospective cohort study](#) involving pregnancies between 1996 and 2015 with at least one DKA event in women with type 1 diabetes. Data were included for 77 DKA events in 64 pregnancies among 62 women.

The researchers found that fetal demise, [preterm birth](#), and [neonatal intensive care](#) unit (NICU) admissions occurred in 15.6, 46.3, and 59 percent of pregnancies, respectively. In 60 and 40 percent of the cases, fetal demise occurred at the time of or within one week of DKA and between one and 11 weeks after DKA, respectively. The risk of fetal demise was significantly increased with maternal ICU admission and higher serum osmolality during the DKA event. Maternal smoking and higher pre-DKA hemoglobin A1c levels correlated with increased risk of preterm birth. Higher risk of NICU admission was seen with [maternal smoking](#), preeclampsia during pregnancy, higher anion gap during DKA event, and preterm birth.

"Further research is needed to identify effective methods for prevention, early recognition, and timely treatment of DKA in pregnancy to mitigate risk of fetal demise and other adverse fetal outcomes," the authors write.

More information: [Abstract/Full Text \(subscription or payment may be required\)](#)

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