

Cesarean rates no higher for diabetes patients induced in 38th week

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(HealthDay)—In women with prepregnancy type 1 and 2 diabetes

mellitus (PDM), induction of labor (IOL) is not associated with increased cesarean section rates compared with expectant management beyond 39 weeks, but it is associated with certain neonatal adverse outcomes, according to a study published online Dec. 30 in *BMJ Open Diabetes Research & Care*.

Meghan Brown, from University of Toronto, and colleagues used data from the Better Outcomes Registry and Network in Ontario, Canada, to compare maternal and perinatal outcomes in women with PDM who had a singleton hospital birth at ≥ 38 weeks of gestation (2012 to 2017). The analysis included 937 pregnancies that underwent IOL at 38 weeks of gestation versus 1,276 pregnancies that underwent expectant management from 39 weeks onward.

The researchers found that cesarean delivery occurred in 28.7 percent of [women](#) in the IOL group versus 26.1 percent in the expectant management group (adjusted rate ratio [aRR], 1.07; 95 percent confidence interval [CI], 0.94 to 1.22). In the two groups, the rates of instrumental delivery were 11.2 and 10.2 percent, respectively (aRR, 1.25; 95 percent CI, 0.98 to 1.61). Additionally, neonatal intensive care unit admission was more common in the IOL group than the expectant management group (27.6 versus 16.8 percent; aRR, 1.61; 95 percent CI, 1.36 to 1.90), as were jaundice requiring phototherapy (12.4 versus 6.2 percent; aRR, 1.93; 95 percent CI, 1.46 to 2.57) and newborn hypoglycemia (27.3 versus 14.7 percent; aRR, 1.74; 95 percent CI, 1.46 to 2.07).

"Ultimately, in the setting of pregnancies complicated by PDM, the decision to undergo elective IOL at less than 39 weeks' gestation will always involve balancing the risks of adverse neonatal outcomes with the benefits of avoiding future stillbirth or the development of new hypertensive complications," the authors write.

More information: [Abstract/Full Text](#)

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