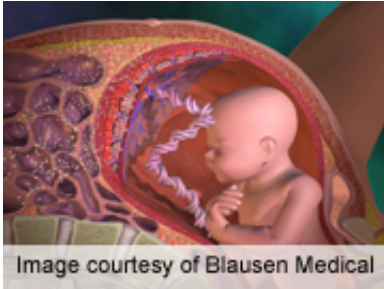


Gestational diabetes ups costs of maternity care by one-third

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Women with gestational diabetes mellitus (GDM) are significantly more likely to receive an emergency cesarean section, have their infant admitted to a neonatal care unit, and incur significantly higher maternity care costs, compared to women without GDM, according to research published online Dec. 28 in *Diabetes Care*.

(HealthDay)—Women with gestational diabetes mellitus (GDM) are significantly more likely to receive an emergency cesarean section, have their infant admitted to a neonatal care unit, and incur significantly higher maternity care costs, compared to women without GDM, according to research published online Dec. 28 in *Diabetes Care*.

Paddy Gillespie, Ph.D., of the National University of Ireland in Galway, and colleagues estimated the effects of GDM on the mode of delivery, rate of [neonatal unit](#) admission, and overall maternity care costs for 4,372 women, including 8.1 percent who had GDM.

The researchers found that women with GDM were 1.75 times more likely to receive an emergency cesarean section, and their infants were 3.14-fold more likely to be admitted to a [neonatal care](#) unit. The overall cost of [maternity care](#) was 34 percent higher for women with GDM compared to those without, but varied according to maternal age, weight, primiparity, and premature delivery.

"A clearer understanding of the role of GDM in determining resource use and costs can better inform decisions regarding prevention, screening, and treatment strategies for GDM in the future," the authors write. "Because these results were estimated while controlling for other individual level characteristics, we suggest that GDM plays an independent role in explaining variations in resource activity and costs of care."

More information: [Abstract](#)
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