Joslin researchers report excessive fetal growth despite well-controlled type 1 diabetes
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Florence Brown, MD, Harvard T.H. Chan School of Public Health, Joslin Diabetes Center, and Harvard Medical School, and coauthors from these institutions and Beth Israel Deaconess Medical Center, Boston, MA, used continuous glucose monitoring (CGM) to determine glycemic variability over a 7-day period in each trimester of the women's pregnancies. In the article entitled "Continuous Glucose Monitoring, Glycemic Variability, and Excessive Fetal Growth in Pregnancies Complicated by Type 1 Diabetes" the researchers reported mean HbA1c of 6.5%, 6.1%, and 6.4% during the first, second, and third trimester, respectively.

"Fetal macrosomia continues to be a problem in patients with type 1 diabetes associated with pregnancy despite improvements in overall glucose control. With the availability of a hybrid-closed loop system, it will be important to see if fetal overweight can be reduced with automatic delivery of insulin based on sensor glucose values," says DTT Editor-in-Chief Satish Garg, MD, Professor of Medicine and Pediatrics at the University of Colorado Denver (Aurora).


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