



A RETROSPECTIVE OBSERVATIONAL AUDIT OF LARGE FOR GESTATIONAL AGE DIAGNOSIS ON 3RD TRIMESTER ULTRASOUND IN PATIENTS WITH GESTATIONAL DIABETES.

Dr Marie Florance marie.florance@health.qld.gov.au
Gold Coast University Hospital, Gold Coast Health, 2024.

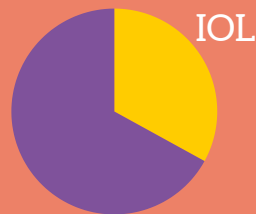
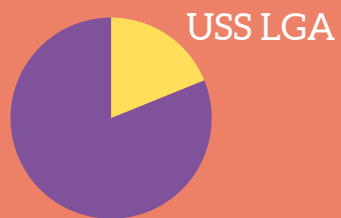
2024 Sunshine Coast

INTRODUCTION

Gestational Diabetes (GDM) is one of the most common medical complications of pregnancy. The overall incidence in Australia is 14 %, 13 % in Queensland (1). Common neonatal complications include Large for Gestational Age (LGA), which in turn, increases the risk for adverse neonatal outcomes. This Audit aims to identify the effectiveness of 3rd trimester Ultrasound (USS) in detecting LGA babies compared to their actual birth weight as well as perinatal outcomes.

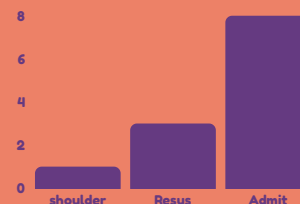
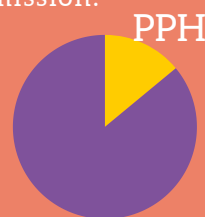
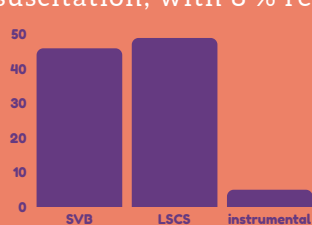
METHOD

265 patients were selected after review of medical records of patients who had given birth in our tertiary facility over a 6 months period (July to December 2023). Inclusion criteria: Diagnosis of GDM + attended a third trimester growth USS. Outcomes: LGA on USS, actual birth weight + perinatal outcomes: rate of Induction of Labour (IOL), SVB vs instrumental deliveries vs Caesarean Section (LSCS) and incidence of shoulder dystocia, neonatal resuscitation and neonatal admission.

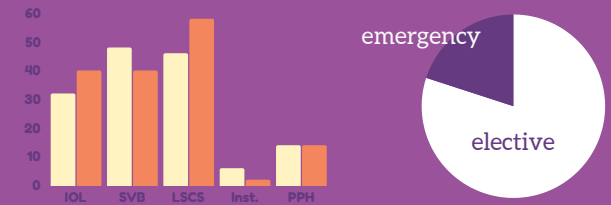
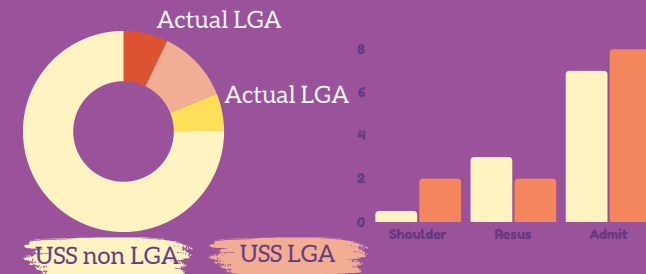


USS LGA	USS non LGA
3.87 kg	3.33 kg

Out of 265, 50 patients had suspected LGA on third trimester USS. Overall, 33 % of the cohort underwent an IOL. The USS LGA cohort IOL Rate was 40 % and the USS non-LGA IOL Rate was 32 %. Overall, 46 % had a SVB, 49 % a LSCS and 5 % an instrumental delivery. Overall, 14 % of the cohort suffered a PPH. Overall, 1% deliveries were complicated by shoulder dystocia and 3 % of neonates required resuscitation, with 8 % requiring admission.



RESULTS



DISCUSSION

38 % of the suspected LGA on USS were actually LGA at birth vs 7.44 % in the USS non LGA group. The average weight for USS LGA group was 3.87 kg vs 3.33 kg in the USS non LGA group. The rate of LSCS was increased in the USS LGA group: 58 % vs 46 % with 72 % of these being elective LSCS. The rate of PPH was equal in both groups. The rate of shoulder dystocia was increased in the USS LGA group 2 % vs 0.5 % with a reduced rate of resuscitation: 2 % vs 3 % but an increased rate of admission: 8 % vs 7 %.

GDM has numerous maternal/fetal short and long term complications making diagnosis, management and timing/mode of delivery decisions especially important. 3rd trimester USS appears to be a useful too in this decision making process.

REFERENCES

1. Queensland Health Guidelines, Queensland Health, 2022. https://www.health.qld.gov.au/_data/assets/pdf_file/0024/140874/ed-gdm.pdf

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