**Study on the Prediction of Dynamic Trajectories of Psychological Resilience in Patients with Hyperglycemia in Pregnancy and Its Association with Adverse Pregnancy Outcomes**

**Aim:** To describe the psychological resilience trajectories of patients with gestational hyperglycemia from pregnancy to postpartum, explore influencing factors of different trajectories, and examine their relationship with adverse outcomes.

**Method:** Patients were recruited from the obstetric clinics of three tertiary hospitals in Sichuan Province, China, between May 2023 and August 2024. Longitudinal changes in psychological resilience during pregnancy and up to 3 months postpartum, as well as adverse outcome rates, were observed. Descriptive statistics were analyzed using SPSS 29.0. Latent growth modeling (LGM) and latent class growth analysis (LCGA) in R Studio 4.4.2 were employed to examine dynamic trends and potential classes of psychological resilience. Factors influencing different trajectories and their associations with adverse outcomes were explored, with *P* < 0.05 considered statistically significant.

**Result:**
(1) Among 266 initially enrolled patients, 11 were excluded due to fetal anomaly-induced termination or loss to follow-up, leaving 250 for analysis. Mean resilience scores at diagnosis, late pregnancy, and 3 months postpartum were 69.19 ± 13.31, 69.33 ± 13.85, and 71.42 ± 13.52, respectively.

(2) LCGA identified a 3-class model as optimal: Class 1 (7.6%, "low baseline-moderate growth"), Class 2 (70.0%, "moderate baseline-rapid growth"), and Class 3 (22.4%, "high baseline-slow growth").

(3) Compared to Class 3, Class 1 was associated with nulliparity and higher EPDS scores, while Class 2 was linked to nulliparity, AB blood type, higher EPDS scores, extended family structure, and health insurance.

(4) No significant differences were found in perinatal depression, preterm birth, macrosomia, low birth weight, or dystocia rates across trajectories.

**Conclusion:** Patients exhibited moderate-to-high resilience throughout the perinatal period. Nulliparity and higher depression scores predicted a low baseline-moderate growth trajectory, whereas nulliparity, AB blood type, higher depression scores, extended family structure, and health insurance were associated with a moderate baseline-rapid growth trajectory. Psychological resilience trajectories did not influence adverse outcome risks.