

Gestational diabetes and macrosomia among Greenlanders. Time to change diagnostic strategy?

Gestational diabetes mellitus (GDM) is a serious condition associated to both maternal and offspring complications. Yet, no globally accepted consensus exists on how to test and diagnose GDM. In Greenland, the clinical criteria for testing and diagnosing GDM are adapted from Danish guidelines. The aim of this study was to estimate the prevalence of GDM among Greenlanders using both the current clinical GDM criteria and the recent WHO 2013 criteria and, further, to study the association between GDM, pre-pregnant overweight or obesity and macrosomia. A cross-sectional study of all 450 Greenlandic women who gave birth to a singleton in Nuuk within 1 year was performed. Based on an oral glucose tolerance test measuring capillary whole blood glucose, 119 women were categorised as having clinical GDM, WHO 2013 GDM or not GDM. Macrosomia defined as birth weight above 4,000 g was used as outcome variable. The prevalence of clinical GDM and WHO 2013 GDM was 0.4% (95% CI; 0–1.1) and 6.9% (95% CI; 4.5–9.2). WHO 2013 GDM, fasting blood glucose, pre-pregnant maternal overweight and obesity were associated with macrosomia. WHO 2013 GDM criteria were superior to clinical criteria in predicting macrosomia indicating that it may be time to consider the diagnostic strategy used in Greenland. Pre-pregnant overweight may also need more intensified lifestyle-intervention.

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