

Progesterone treatment during pregnancy – is it a risk factor for gestational diabetes?

Berezowsky A, Raban O, Aviram A, Wiznitzer A, Hadar E, Chen R Helen Schneider Hospital for Women, Rabin Medical Center, Petah Tikva, Israel

Objective

The association between progestative treatment and the risk to develop gestational diabetes mellitus (GDM) is unclear. We aimed to evaluate the association between progestative treatment and development of GDM.

Methods

Retrospective case control study of all women who delivered in a tertiary, university affiliated medical center from 2007 to 2015. Cohort was divided into two groups: group A) women who received progestative treatment adjacent to or during pregnancy; group B) women who did not receive progestative treatment. Gestational diabetes and impaired fasting glucose rates were calculated for the groups. Impaired fasting glucose was defined as an 3h-GTT with a single pathological value. An additional sub-analysis was performed according to trimester of initial progesterone administration (1st vs. 2nd trimester) and route of administration (intramuscular (IM) vs. vaginal (PV)).

Results

Overall 5, 980 women were evaluated: 1686 (28%) in group A and 4112 (72%) in group B; 2) Groups were comparable regarding maternal and obstetrical baseline characteristics; 3) Group A demonstrated a higher trend towards developing gestational diabetes but this trend was not significant (9. 4% vs. 8. 7%, p=0. 35); 4) Sub-analysis according to initial trimester of progesterone administration, first trimester, vs. second trimester vs. no administration showed no significant difference (10% vs. 8% and 8. 7%, p=0. 43) ; 5) When performing a sub-analysis according to route of progesterone administration showed no significant difference (10% vs. 9% and 8. 7%, p=0. 64).

Conclusion

Women who receive progestative treatment adjacent to or during their pregnancy are not at a higher risk for developing gestational diabetes, regardless timing and route of administration.