

## **Pregnant women with metabolic syndrome: increased risk of pregnancy adverse outcomes?**

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### **Objective**

The objective was to assess the pregnancy complications in patients presenting with metabolic syndrome in early stage of pregnancy.

### **Methods**

We conducted a prospective observational study for early prediction of pregnancy complications in women with signs of MS sending for their routine visit in pregnancy. At 11 to 13 weeks and 6 days of gestation we recorded maternal characteristics and medical history and performed combined screening for aneuploidies. Maternal serum biochemistry and maternal characteristics were measured at that time. In the study we enrolled 127 pregnant women with MS in the 11 to 13 weeks and 6 days of gestation, who fulfill entry criteria according to recent MS definition and 30 healthy subjects. In the final analysis we included 154 women. Studied population was Caucasian women in singleton pregnancies. Before enrolling patients sign informed consent.

### **Results**

In our study group we had 4 preterm deliveries (3,2%), neonates with weight >4000g 20,9%, large for gestational age (LGA) 12,9%, small for gestational age 4%, gestational diabetes mellitus 9,6%, gestational hypertension 5,6%, 1 case of preeclampsia (0,8%) and 1 case of premature rupture of membranes (0,8%). We had higher cesarean section rate 34,7% compare to controls 26,7%. Only gestational diabetes mellitus and LGA were statistically significant (  $p < 0,05$ ).

### **Conclusion**

In conclusion, metabolic syndrome should be considered a major risk factor for pregnancy complication. Patient diagnosed before pregnancy should undergo special counseling in terms of improving metabolic status and pregnancy outcome especially close glucose monitoring and ultrasonographic assessment in terms of excessive fetal growth.