

Neonatal Outcomes in Women with Gestational Diabetes Mellitus in Kepong District in 2015

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ABSTRACT

INTRODUCTION: Gestational Diabetes Mellitus (GDM) is defined as a state of carbohydrate intolerance resulting in hyperglycaemia resolved within the puerperium period. In some cases, GDM can result in poor perinatal outcomes such as macrosomia and higher rates of caesarian section. This study aims to describe maternal and neonatal outcomes in women with GDM in Kepong District. **METHODS:** The study is a retrospective cross-sectional study of all pregnancy with GDM in Kepong District from January until June 2015 using antenatal and postnatal data derived from the patient's card. **RESULTS:** Among 124 women, 72.6% were between 25-35 years old, 20.2% were above 35 years old and 7.3% were below 25 years of age. 72.6% of the women were multipara, 19.4% were primid and 8.1% of them were grand multipara. 32.3% achieved adequate gestational weight gain (AGWG), 50.8% had low gestational weight gain (LGWG) and 16.9% had high gestational weight gain (HGWG). Methods of delivery for 69.4% of these GDM women were through spontaneous vaginal delivery (SVD), 25.8% through lower segment cesarean section, and 4.8% had instrumental deliveries. 90.3 % of these GDM mothers also delivered a full-term baby while 9.7% had a pre-term baby. Neonatal outcomes showed that 7.3% delivered <2.5kg babies, and 14.5% babies were born as macrosomic. 16.9% neonates had an Apgar score of <9 at 1 minute and 10.5% had a score of <10 at 5 minutes. **DISCUSSION:** GDM inflicts a risk for both mother and child as the threat of neonatal outcome is higher.

KEYWORDS: neonatal, outcomes, gestational diabetes mellitus

No Woman Should Die Giving Life: A Case Series Study of Maternal Mortality in Bera, Pahang

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ABSTRACT

INTRODUCTION: No woman should die giving life. Bera district has fortunately been introduced as one of the most successful districts in achievement of reduction in maternal deaths with zero case reported since 2010, but the concern raises when there were two maternal deaths in year 2018. Hence the need to investigate the roots more precisely and to plan specific strategies accordingly. **METHODS:** This research is a case series study. The required data were collected by referring to the medical files of the expired mothers and interviewing the related staff and family of the deceased. The causes of maternal death were determined based on clinical, non-clinical remedial factors and patient factors. **RESULTS:** The underlying disease status of the deceased mothers (uncontrolled Type-2 Diabetes Mellitus and Systemic Lupus Erythematosus flare) were identified as the main contributing factors of maternal deaths in this study, followed by healthcare services-related issues (lack of a follow-up system and inadequate supervision on the implementation of preconception clinics at primary healthcare setting) and sociofamilial aspects (patient's lack of compliance with treatment for their underlying comorbidities). **DISCUSSION:** Preconception care is recognized to improve and optimize a woman's health status prior to conception. This study revealed that lack of emphasis on preconception care was the most important root of defect leading to the repeatedly and potentially avoidable maternal deaths in Bera district. **CONCLUSION:** A comprehensive and specific plan of actions focusing on preconception services including health promotion and identification of high-risk clients is of main priority of intervention.

KEYWORDS: Maternal mortality, preconception, Bera