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Obstetrics

Analysis of carbohydrate and lipid metabolism in pregnant women with metabolic syndrome

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Context

The frequency of detection of obesity during pregnancy is 12.3–38%. Such patients are at 2–3 times higher risk of developing gestational diabetes mellitus (GDM), fetal macrosomia.

Purpose of the study

To analyze the state of carbohydrate and lipid metabolism in pregnant women with metabolic syndrome (MS).

Materials and research methods

Totally 88 pregnant women admitted to the perinatal center were examined. The main group included 48 pregnant women with MS. The comparison group included 25 pregnant women with gestational diabetes mellitus (GDM) with a body mass index (BMI) over 25 kg / m^2 before pregnancy. The control group included 15 healthy pregnant women. We studied the incidence of complications of pregnancy and childbirth, as well as parameters of carbohydrate and lipid metabolism.

Results and discussions

Pregnancy in women with metabolic syndrome was complicated by the development of a threatened miscarriage by 43.4%; mild preeclampsia - by 22%; severe preclampsia - by 15.8%; fetoplacental insufficiency - by 20.6%; cesarean section was performed in 45% cases compared to the pregnant control group. In the main group, GDM was detected in 70.4%; DM type 2 - in 29.6% of pregnant women. The highest HOMA-IR index was in women with insulin resistance, dyslipidemia and preeclampsia - 4.0, the lowest in women with preeclampsia and dyslipidemia - 2.6. The study of indicators of lipid metabolism revealed the presence of dyslipidemia in pregnant women with MS. In all investigated groups the lipid profile (low density lipoproteins (LDL) (146.91 ± 31.8 mg/dl) was 3 times ($p < 0.05$), triglycerides (201.25±43.5 mg/dl)-1. 8 times, total cholesterin (243.56 ± 31.4 mg / dl) - 1.5 times higher than these indicators in pregnant women of the control group. The level of high density lipoproteins (HDL) was found within normal limits in all groups. The mean value of HDL of the main group was 81.19 ± 29.4 mg/dl, which 1.4 times higher than that of the control group.

Conclusions

In women with MS, pregnancy is more often complicated by miscarriage, preeclampsia, the development of GDM, fetal macrosomia and operative delivery, and is characterized by disorders of carbohydrate and lipid metabolism. This indicates the need for preparation for the planned pregnancy.

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