



CODEN [USA]: IAJPBB

ISSN: 2349-7750

**INDO AMERICAN JOURNAL OF  
PHARMACEUTICAL SCIENCES**<http://doi.org/10.5281/zenodo.1478709>Available online at: <http://www.iajps.com>

Research Article

**ANALYSIS OF GESTATIONAL WEIGHT GAIN AMONG  
WOMEN WITH GESTATIONAL DIABETES MELLITUS IN  
LOCAL POPULATION OF PAKISTAN**Dr. Maheer Nayyar<sup>1</sup>, Dr. Nauman Naeem Ahmad<sup>2</sup>, Dr. Shoaib Khokhar<sup>3</sup><sup>1</sup>Medical Officer, Mayo Hospital, Lahore.<sup>2</sup>Medical Officer, DHQ Hospital, Hafizabad.<sup>3</sup>Medical Officer BHU Pindi Saidpur Pind Dadan Khan, Jhelum.**Abstract:**

**Introduction:** Obesity has been designated as one of the most important global health threats worldwide, and its prevalence has been increasing among women of reproductive age. Pregnant ladies constitute a critical subpopulation with a hoisted danger of obesity because of over the top weight pick up. **Objectives:** The main objective of the study is to analyze the gestational weight gain among women with gestational diabetes mellitus in local population of Pakistan. **Methodology:** The data for this purpose was collected from Mayo hospital Lahore. The data was collected from 100 female patients according to the ethical committee of hospital during the time period of December 2016 to April 2017. **Results:** According to the pre-pregnancy BMI, 96 women (11.5%) were underweight, 558 (67.1%) were of normal weight, 134 (16.1%) were overweight and 44 (5.3%) were obese (Table 1). The level of glycated hemoglobin was significantly higher in the overweight and obese groups than in normal weight and underweight groups ( $P < 0.05$ ). **Conclusion:** It is reasoned that high pre-pregnancy BMI and unnecessary GWG are related with higher frequencies of LGA, and in addition other unfavorable results in Chinese ladies with GDM.

**Key words:** pregnancy, diabetes, Gestational**Corresponding author:****Dr. Maheer Nayyar,**

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Please cite this article in press Maheer Nayyar et al., *Analysis of Gestational Weight Gain among Women with Gestational Diabetes Mellitus in Local Population of Pakistan.*, Indo Am. J. P. Sci, 2018; 05(11).

**INTRODUCTION:**

Obesity has been designated as one of the most important global health threats worldwide, and its prevalence has been increasing among women of reproductive age [1]. Pregnant ladies constitute a critical subpopulation with a hoisted danger of obesity because of over the top weight pick up. It has been demonstrated that maternal obesity and inordinate gestational weight pick up (GWG) are related with unfriendly obstetric and neonatal results including unconstrained fetus removal, gestational diabetes mellitus (GDM), cesarean conveyance, preeclampsia, neonatal macrosomia, and agent and soporific entanglements [2].

To help ideal pregnancy results, the World Health Organization (WHO) prescribed that the Institute of Medicine (IOM) creates rules for weight pick up amid pregnancy. In any case, the IOM suggestions on gestational weight pick up depend on pre-pregnancy BMI without mulling over various race/ethnicity, age, or existing pregnancy inconveniences [3]. Ladies with GDM are at expanded danger of maternal and fetal intricacies including preeclampsia, preterm birth, cesarean segment and conveyance of huge for gestational age (LGA) newborn children. As obesity and GDM are much of the time comorbid conditions, obesity and over the top gestational weight pick up may intensify these dangers in GDM. Since fat is an endocrine organ and collaborates with diabetes, it is conceivable that the expanded amassing of fat differentially affects perinatal results for ladies with GDM [4].

Albeit a few past examinations have examined the influence of high pre-pregnancy BMI and over the top GWG on perinatal results, for example, cesarean conveyance, preeclampsia and macrosomia, few were directed in China, and generally among non-GDM ladies. There is no immediate proof on the relationship between maternal pre-pregnancy BMI or GWG and the perinatal results of GDM moms, and stays hazy whether the most recent 2009 IOM rules for pregnancy weight pick up are appropriate to GDM populace, given the conceivable compound impact of obesity and gestational diabetes [5,6].

**Objectives of the study**

The main objective of the study is to analyze the gestational weight gain among women with gestational diabetes mellitus in local population of Pakistan.

**MATERIAL AND METHODS:**

The data for this purpose was collected from Mayo hospital, Lahore. The data was collected from 100 female patients according to the ethical committee of hospital during the time period of December 2016 to April 2017.

We designed a study to associate maternal BMI and GWG with pregnancy outcomes in local women of Pakistan with GDM and examine whether these narrower pregnancy weight gain recommendations are predictive of adverse perinatal outcomes in Pakistani population.

**Statistical analysis**

Student's t-test was performed to evaluate the differences in roughness between group P and S. Two-way ANOVA was performed to study the contributions. A chi-square test was used to examine the difference in the distribution of the fracture modes (SPSS 19.0 for Windows, SPSS Inc., USA).

**RESULTS AND DISCUSSION:**

According to the pre-pregnancy BMI, 96 women (11.5%) were underweight, 558 (67.1%) were of normal weight, 134 (16.1%) were overweight and 44 (5.3%) were obese (Table 1). The level of glycated hemoglobin was significantly higher in the overweight and obese groups than in normal weight and underweight groups ( $P < 0.05$ ). In addition, birth weight was significantly higher in overweight or obese women than in underweight women ( $P < 0.05$ ). There were no significant differences between the four pre-pregnancy BMI categories in maternal age, parity, height and gestational weeks (Table 1).

Tables 2 show the effects of pre-pregnancy BMI and GWG on pregnancy outcomes, expressed as the odds of each outcome occurring relative to that in women of normal weight or adequate GWG, respectively.

**Table 01:** Gestational weight gains in pregnancy

Variables	Excessive GWG (N = 293)		
	N (%)	AOR (95% CI)	P
Cesarean section <sup>a</sup>	177 (60.4)	1.60 (1.15–2.23)	0.005
PPH <sup>a</sup>	60 (20.5)	1.44 (0.94–2.19)	0.094
Preterm delivery <sup>b</sup>	6 (2.0)	0.63 (0.23–1.73)	0.369
PPROM <sup>b</sup>	51 (17.4)	1.01 (0.66–1.54)	0.965
GHT <sup>c</sup>	11 (3.8)	1.23 (0.50–2.98)	0.655
Macrosomia <sup>c</sup>	39 (13.3)	1.94 (1.11–3.38)	0.020
SGA <sup>b</sup>	7 (2.4)	0.78 (0.29–2.08)	0.615
LGA <sup>b</sup>	97 (33.1)	1.31 (0.92–1.85)	0.133

CI, confidence interval; GWG, gestational weight gain; PPH, postpartum hemorrhage; PPROM, preterm premature rupture of membranes; GHT, gestational hypertension; SGA, small for gestational age; LGA, large for gestational age. AORs are presented relative to the adequate GWG group.

**Table 02:** Effects of pre-pregnancy body mass index on pregnancy outcomes

Variables	Over weight		obese		
	AOR (95% CI)	N (%)	N (%)	AOR (95% CI)	P
Cesarean section <sup>a</sup>	41 (42.7)	0.165	282 (50.5)	86 (64.2)	1.95 (1.29–2.96)
PPH <sup>a</sup>	12 (12.5)	0.501	88 (15.8)	31 (23.1)	1.60 (0.99–2.59)
Preterm delivery <sup>b</sup>	3 (3.1)	0.937	19 (3.4)	2 (1.5)	0.39 (0.09–1.70)
PPROM <sup>b</sup>	21 (21.9)	0.153	89 (15.9)	23 (17.2)	1.05 (0.63–1.75)
GHT <sup>c</sup>	1 (1.0)	0.499	10 (1.8)	8 (6.0)	4.10 (1.56–10.81)
Macrosomia <sup>c</sup>	2 (2.1)	0.031	41 (7.3)	15 (11.2)	2.02 (1.05–3.88)
SGA <sup>b</sup>	3 (3.1)	0.967	17 (3.0)	3 (2.2)	0.59 (0.17–2.13)
LGA <sup>b</sup>	10 (10.4)	0.001	132 (23.7)	47 (35.1)	2.14 (1.40–3.26)

## DISCUSSION:

Maternal, perinatal and neonatal complications are strongly associated with GDM. The frequency of GDM in China has expanded since 2000 and this has turned into a critical open issue<sup>7</sup>. A Chinese national review had detailed predominance of the IADPSG criteria-characterized GDM of 14.7% out of 2004– 2009. This occurrence of GDM is like different investigations in Asian populaces, yet higher than the rate of GDM in the United Kingdom (3.5%) and the United States (8.6%). Occurrence of GDM appears to rely upon variables, for example, ethnicity and geological areas. In 2007 through 2008, about 60% of conceptive age American ladies were accounted for to be overweight or corpulent, with the predominance of overweight or obesity announced at around 21.4% in our investigation. In spite of the fact that the occurrence of obesity is bring down in Chinese and Asian ladies contrasted and different ethnicities, past investigations have demonstrated that Asians have a significantly higher danger of GDM, even at a low BMI<sup>8</sup>.

Ladies with GDM are in danger of maternal and

neonatal entanglements in pregnancy, and being overweight or fat with unreasonable gestational weight pick up seems to exacerbate this hazard. The principle discoveries of the present investigation are that, contrasted with ladies of ordinary weight, overweight and fat ladies with GDM had a higher frequency of cesarean segment, GHT, macrosomia and LGA, while underweight ladies had a lower occurrence of both macrosomia and LGA. Besides, contrasted and GWG inside the IOM proposals, over the top GWG expanded the frequency of cesarean area and newborn child macrosomia, while deficient GWG diminished the occurrence of LGA [9]. Albeit most examinations tending to the impacts of maternal BMI on unfriendly results incorporate ladies with GDM, couples have detailed these relationships in overweight or hefty ladies with typical glucose resilience. Sparse information exist that exhibit the collaboration between high maternal pre-pregnancy BMI, gestational weight pick up and perinatal results in ladies with GDM [10].

In our investigation, add up to GWG and mean weight pick up every week diminished with

expanding pre-pregnancy BMI. This information accommodated with past reports that ladies in the most astounding BMI class put on less weight than those in the least classification among nondiabetic or blended populaces of pregnant ladies<sup>11</sup>. In any case, albeit add up to GWG was bring down in overweight/hefty ladies, the extent of ladies with a GWG that surpassed the IOM proposals was higher in overweight ladies than in ladies of ordinary or corpulent BMI. Despite the fact that these outcomes can't be entirely clarified by the present investigation, they may feature a predisposition in the accentuation on administration of diabetes amid pregnancy among mind suppliers, where by the message identifying with weight administration is strengthened more energetically in corpulent instead of overweight ladies [12,13].

### CONCLUSION:

It is reasoned that high pre-pregnancy BMI and unnecessary GWG are related with higher frequencies of LGA, and in addition other unfavorable results in Chinese ladies with GDM.

Source(s) of support in the form of grants, equipment, drugs, or all of the above: None.

Conflict of interest: None

### REFERENCES:

1. Gaillard, R. et al. Risk factors and outcomes of maternal obesity and excessive weight gain during pregnancy. *Obesity* 21, 1046–1055.
2. Haugen, M. et al. Associations of pre-pregnancy body mass index and gestational weight gain with pregnancy outcome and postpartum weight retention: a prospective observational cohort study. *BMC pregnancy and childbirth* 14, 201.
3. Gaillard, R. et al. Risk factors and outcomes of maternal obesity and excessive weight gain during pregnancy. *Acta Obstetrica Et Gynecologica Scandinavica* 92, 14–15 (2013).
4. Yang, J., Cummings, E. A., O'Connell, C. & Jangaard, K. Fetal and neonatal outcomes of diabetic pregnancies. *Obstetrics and Gynecology* 108, 644–650.
5. Owens, L. A. *et al.* ATLANTIC DIP: the impact of obesity on pregnancy outcome in glucose-tolerant women. *Diabetes care* 33, 577–579
6. Catalano, P. M. *et al.* The hyperglycemia and adverse pregnancy outcome study: associations of GDM and obesity with pregnancy outcomes. *Diabetes care* 35, 780–786
7. Zhang, F. *et al.* Increasing prevalence of gestational diabetes mellitus in Chinese women from 1999 to 2008. *Diabetic medicine: a journal of the British Diabetic Association* 28, 652–657
8. Wei, Y. M. & Yang, H. X. [Comparison of the diagnostic criteria for gestational diabetes mellitus in China]. *Zhonghua fu chan ke za zhi* 46, 578–581 (2011).
9. Kim, S. Y. *et al.* Racial/ethnic differences in the percentage of gestational diabetes mellitus cases attributable to overweight and obesity, Florida, 2004–2007. *Preventing chronic disease* 9, E88 (2012)
10. DeSisto, C. L., Kim, S. Y. & Sharma, A. J. Prevalence estimates of gestational diabetes mellitus in the United States, Pregnancy Risk Assessment Monitoring System (PRAMS), 2007–2010. *Preventing chronic disease*
11. Fisher, S. C., Kim, S. Y., Sharma, A. J., Rochat, R. & Morrow, B. Is obesity still increasing among pregnant women? Prepregnancy obesity trends in 20 states, 2003–2009. *Preventive medicine* 56, 372–378
12. Ota, E. *et al.* (2011). Maternal body mass index and gestational weight gain and their association with perinatal outcomes in Viet Nam. *Bulletin of the World Health Organization* 89, 127–136
13. Desquilbet, L. & Mariotti, F. (2010). Dose-response analyses using restricted cubic spline functions in public health research. *Statistics in medicine* 29, 1037–1057