

Glucose Intolerance in Pregnancy and Postpartum Cardiovascular Risk

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REFERENCE:

Retnakaran et al. Glucose Intolerance in Pregnancy and Postpartum Risk of Metabolic Syndrome in Young Women. Journal of Clinical Endocrinology & Metabolism, In print February 2010 DOI: 10.1210/jc.2009-1990

The Endocrine Society. "Glucose Intolerance in Pregnancy Associated With Postpartum Cardiovascular Risk." ScienceDaily 1 December 2009. 6 December 2009

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Gestational glucose intolerance is less severe than gestational diabetes.

The current study suggests that women who have gestational glucose intolerance can exhibit multiple cardiovascular risk factors as early as three months after birth.

STUDY DESIGN

Evaluate the relationship between gestational glucose intolerance and postpartum risk of metabolic syndrome

WHAT IS METABOLIC SYNDROME?

A combination of medical disorders that increase the risk of developing cardiovascular disease and diabetes.

STUDY DEFINITION of METABOLIC SYNDROME:

The clustering of several cardio-metabolic risk factors including obesity, hypertension and low HDL cholesterol).

STUDY DESIGN:

Researchers followed 487 women who underwent oral glucose tolerance testing during pregnancy.

- Classification based on GTT:
 - Normal glucose tolerance
 - Gestational glucose intolerance
 - Gestational diabetes

At three months
postpartum each
subject's cardio-metabolic
characteristics were
evaluated

FINDINGS:

Even mild glucose intolerance during pregnancy is associated with an increased likelihood of the metabolic syndrome at 3 months postpartum.

FINDINGS

The presence of cardiovascular risk factors postpartum indicates that these risk factors may be longstanding and contribute to the long-term risk of cardiovascular disease in this patient population

CONCLUSIONS

Glucose tolerance screening in pregnancy may provide insight into a woman's postpartum cardiovascular risk-factor profile

Glucose tolerance screening may identify subgroups of young women for whom cardiovascular risk-factor monitoring may be warranted.