# PATTERN OF GLYCEMIC STATUS AFTER STEROID ADMINISTRATION FOR FETAL LUNG MATURITY IN NORMOGLYCEMIC PREGNANT WOMEN ; A CLINICAL ANALYSIS

BRUCE S A IESHA[1], Alexander A Rachel[1], K lalithambica[1], and Jacob Jaimie T[1]

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**Abstract**

Objectives To study the patterns of glycemic status in response to steroid administered to women with risk of preterm delivery between 24 weeks and 36 weeks 6 days of gestation in normoglycemic subjects and to evaluate if maternal characteristics predicted the development of hyperglycemia and if Insulin was necessary in the glycemic management Design : longitudinal study Participants : 76 antenatal women, normoglycemic status between 24 weeks and 36 week 6 days of gestation Methods : Antenatal women who screened negative for Gestational Diabetes Mellitus by 75 gm GTT who received Injection Betamethasone for risk of preterm delivery . Fasting and Postprandial blood sugar levels were recorded from day 1 to 7 after steroid administration. Results Forty seven out of seventy six patients had hyperglycemia of varying severity. Among the risk factors associated with hyperglycemia, age>25 years, family history ofdiabetes and hypertension and BMI >25 have statistically significant association with hyperglycemia. Insulin was started in a total of 40 patients of 47 hyperglycemic patients (85.1%). Mean Insulin dosage required for day 1 was9.66 units. Among the 40 patients started on Insulin 15 (37.5 %) had to be continued on Insulin on Day 7 after steroid administration. Conclusion Significant hyperglycemia can occur in normoglycemic women also leading to serious maternal- fetal consequences . Testing of all antenatal patients especially in age group more than 25years, BMI over 25, hypertensive patients, family history of diabetes who are at risk for development of hyperglycemia ie recommended and start insulin accordingly thus preventing complications.

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