

A CLINICAL ANALYSIS OF GLYCEMIC STATUS AND ITS DETERMINANTS AFTER ANTENATAL CORTICOSTEROIDS

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Abstract

Objective To study the patterns of glycemic status in response to Antenatal corticosteroid 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 **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 of diabetes and hypertension and BMI >25 have statistically significant association with hyperglycemia. **Conclusion** : Antenatal corticosteroids have proven benefit in reducing neonatal mortality and morbidity hence should be definitely administered as benefit outweigh sideeffects .Hyperglycemia can occur even in normoglycemic women after antenatal corticosteroids. Testing of all antenatal patients who are at risk for development of hyperglycemia especially in age group more than 25years, BMI over 25, hypertensive patients, family history of diabetes is recommended after ACS . **KEY WORDS** : GLYCEMIC STATUS, ANTENATAL STEROIDS

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