# Correlation Between Heamglobin A1c and Umbilical Artery Doppler As Predictors for Perinatal Outcome In Diabetic Pregnancy and Diabetic Pregnancy complicated by Preeclampsia In Third Trimester

Thesis

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#### **DEDICATION**

To my Parents who taught me the principles and patience.

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To my friends, who gave me the care and support.

To all who supported me and sacrificed for me.

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#### **ABSTRACT**

It is unquestioned that diabetes mellitus has a significant impact on pregnancy outcome. Both the fetus, and the mother commonly experience serious complications directly attributable to diabetes. The likelihood of successful outcomes with diabetes is related somewhat to the degree of glycemic control & Heamoglobin A1C .

Pregnancies complicated by diabetes mellitus have a high prevalence of pregnancy-induced hypertension, intrauterine growth restriction and fetal distress. This could be attributed to placental incufficiency. Hyperglycemia may cause changes in maternal-placental blood flow during the pregnancy that may lead to preeclampsia and intrauterine growth restriction (IUGR). The role of umbilical artery Doppler in prediction of adverse outcome in pregnancies complicated by preeclampsia & IUGR is well established while the usefulness of umbilical artery Doppler velocimetry for the monitoring of diabetic pregnancies is controversial. The aim of the present study was to assess wusefulness of using both Heamoglobin A1C and umbilical artery Doppler velocity waveform analysis in predicting adverse perinatal outcomes for pregnancies complicated by diabetes mellitus per se and pregnancies complicated by both diabetes mellitus and preeclampsia.

**Key words**: Diabetes Mellitus – Heamoglobin A1C – Umbilical Artery Doppler – Preeclampsia.

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### **ABREVIATIONS**

NDDG: National Diabetes Data Group

**2hsPPS**: 2 Hours Post Prandial

**AC:** Abdominal Circumference

**ACOG:** American College of Obstetricians and Gynecologists

**ADA**: American Diabetes Association

**AEDV**: Absent End Diastolic Volume

**AF:** Amniotic Fluid

**AFI:** Amniotic Fluid Index

ATP: Adenosin Try Phosphatase.

**BMI:** Body Mass Index

**BP:** Blood pressure

**BPD:** Biparietal Diameter

**BPP:** Biophysical Profile

**BPPS:** Biophysical Profile Score

**CHT:** Chronic Hypertension

**CPR:** Cerebro-Placental Ratio

**CS:** Cesarean Section

**CST**: Contraction Stress Test

**CT:** Computed Tomography

**CTG** Computerized Cardiotocography

**CVS:** Cardio-Vascular System

**CW:** Continuous Wave

**DI**: Doppler Index

**DM**: Diabetes Melleitus

**EDD**: Expected Date of Delivery

**EDF:** End Diastolic Flow

**FAST:** fetal acoustic stimulation test

**FBS**: Fasting Blood Sugar

**FGR:** Fetal Growth Restriction

**FHR**: Fetal Heart Rate

**FL:** Femur Length

**FM**: Fetal Movement

**FVWs:** Flow Velocimetry Waves

**GDM**: gesitional diabetes melleitus

**GH:** Gestational Hypertension

**HBA1C**: Glycated Hemoglobin

IADPSG: International Association Diabetes & Pregnancy Study Group

**IFCC**: International Federation of Clinical Chemistry

**IFG**: Impaired fasting glucose

**IGT**: Impaired glucose tolerance

**IUGR**: Intra uteine growth restriction

**LBW**: low birth weight

**LGA**: Large for gestational age

**LMP**: Last Menstrual Period

**MODY**: Maturity onset of diabetes young

**NHBPEP**: National High Blood Pressure Education Program

NIH: National Instituote of Health

**NPV**: Negative Predictive value

**NST**: Non stress test

**OGTT**: Oral Glucose Tolerance Test

**PEE**: Preeclampsia

**PGD**: Pregestitional Diabetes

**PI**: Pulsatility index

**PIH**: Pregnancy Induced Hypertension

**PPV**: Positive Predictive Value

**RDS**: Respiratory Distress Syndrome

**REDV**: Resistant End Diastolic Volume

**RI**: Resistant index

S/D Ratio : Systolic / Diastolic Ratio

**TNF**: Tumour necrosis Factor.

**UA**: Umbilical Artery

**UAPI**: Umbilical Artery Pulsatility Index

**UARI**: Umbilical Artery Resistant Index

**VAS**: Vibroacoustic stimulation

**WHO**: World Health Organization

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