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### COMPARISON OF RISK FACTORS AND PREGNANCY OUTCOMES OF GESTATIONAL DIABETES MELLITUS DIAGNOSED DURING EARLY AND LATE PREGNANCY

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**Objectives:** To compare risk factors and pregnancy outcomes of gestational diabetes mellitus (GDM) diagnosed during early and late pregnancy.

**Methods:** 929 diabetes-free pregnant women who were eligible and consented to take part underwent fasting plasma glucose testing at the first prenatal visit. The women free from GDM or overt diabetes were screened at 24-28 weeks of gestation using a 75-g, 2-hour oral glucose tolerance test. The diagnosis of GDM was reached through the International Association of the Diabetes and Pregnancy Study Groups. Early-onset GDM was defined as the diagnosis of GDM at the first prenatal visit (6-14 weeks of gestation). Late-onset GDM was defined as the diagnosis of GDM later at 24-28 weeks.

**Results:** Prevalence of GDM was 10% (95% CI: 8.1-11.9) at the first prenatal visit. GDM incidence was 9.3% (95% CI: 7.4-11.2) at 24-28 weeks. Family history of diabetes, and previous gestational diabetes and maternal age were the independent risk factors for GDM during early and late diagnosis. GDM was associated with increased risk of macrosomia, large for gestational age, and cesarean section in both periods while, neonates of women with early-onset GDM were more likely to have an Apgar score at 1-minute <7, and neonatal respiratory distress syndrome and were more admitted to the neonatal intensive care unit.

**Conclusion:** Early-onset GDM was associated with poorer pregnancy outcomes indicating the need for further research to investigate the alternative management approaches that could improve diabetes-related complications and outcomes in these women.

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