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New Study Reveals Pregnant People who Deliver Large Babies Are At Increased Risk of Developing Diabetes Later in Life

San Francisco, Calif. — Studies show that diabetes in pregnancy — also known as gestational diabetes — puts a pregnant person at greater risk of developing Type 2 diabetes later in life. Gestational diabetes is also a common cause of babies who are large-for-gestational age (LGA). LGA is defined as infants who weigh more than 90 percent of all babies of the same gestational age. LGA babies are more likely to be admitted to the neonatal intensive care unit and develop health complications later in life, including obesity and Type 2 diabetes themselves.

What has not been studied, until now, is whether someone who does not have gestational diabetes but gives birth to an LGA baby is also at risk of developing diabetes later in life.

In a new study to be presented today at the Society for Maternal-Fetal Medicine's (SMFM) annual meeting, The Pregnancy Meeting™ — and published in the American Journal of Obstetrics & Gynecology — researchers will unveil findings that suggest pregnant people who do not have diabetes but deliver a large-for-gestational age baby are at an increased risk of developing prediabetes or Type 2 diabetes 10-14 years later.

Researchers used data from the Hyperglycemia and Adverse Pregnancy Outcome (HAPO) Follow-up Study. HAPO, an observational study, examined glucose tolerance in a large, multi-national, racially diverse cohort in their third trimester of pregnancy; the Follow-up Study looked at the association between gestational diabetes and the long-term health outcomes of pregnant people and their children.

Among the 4,025 individuals who did not have gestational diabetes, 13 percent (535 people) had an LGA infant; 8 percent (314 people) had a small-for-gestational age (SGA) infant; and 79 percent (3,176 people) had an average-for-gestational age (AGA) or normally grown infant.

Data revealed that 10 to 14 years after giving birth, 20 percent (791 people) were diagnosed with prediabetes or diabetes and that the frequency of prediabetes or diabetes was higher among people who had an LGA birth (24.8 percent) compared to those who had an SGA birth (15.4 percent) or even more importantly, those who had an AGA birth (19.7 percent). The increased risk of diabetes and prediabetes with a LGA infant was the case

even after researchers adjusted for risk factors for developing Type 2 diabetes, such as age, obesity, high blood pressure, and family history of diabetes.

"So often in clinical practice when we see big babies and the individual doesn't have gestational diabetes, we do not talk about the health consequences for the mother later in life," says the study's lead author Kartik K. Venkatesh, MD, PhD, a maternal-fetal medicine subspecialist and assistant professor of obstetrics and gynecology and assistant professor of epidemiology at The Ohio State University Wexner Medical Center in Columbus. "But this research suggests there may also be health consequences for the pregnant person even without gestational diabetes when they have a larger than normal sized infant. That's why it's so important to follow large groups of people and their babies, regardless of whether they had gestational diabetes or not, over a long period of time.

"The real implication of this research is that we need to stop thinking of pregnancy care as episodic care by making these connections between pregnancy and long-term health outcomes in mothers and children in order to see the bigger picture."

To view the presentation of this abstract or other Pregnancy Meeting™ abstracts and events, visit the SMFM website or contact Karen Addis at karen@addispr.com or 301-787-2394.

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About the Society for Maternal-Fetal Medicine
The Society for Maternal-Fetal Medicine (SMFM), founded in 1977, is the medical professional society for maternal-fetal medicine subspecialists, who are obstetricians with additional training in high-risk pregnancies. SMFM represents more than 5,500 members who care for high-risk pregnant people and provides education, promotes research, and engages in advocacy to advance optimal and equitable perinatal outcomes for all people who desire and experience pregnancy. For more information, visit SMFM.org and connect with the organization on Facebook and Twitter. For the latest 2023 Annual Meeting news and updates, follow the hashtag #smfm23.