

Original Article

Appropriate neck/waist circumference cut-off points for gestational diabetes prediction in Iranian pregnant women: The baseline analysis of the Qazvin maternal and neonatal metabolic study (QMNMS), Iran

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Abstract

Background

Gestational diabetes is the most common complication during pregnancy and it is essential to identify the high-risk groups for gestational diabetes mellitus (GDM) in the first trimester. A large neck circumference (NC) in the first trimester is a measure of obesity.

Objective

The present study investigated whether pregnant women's first-trimester NC and waist circumference (WC) measurements present a predictive index for GDM diagnosis.

Materials and methods

This longitudinal cohort study was conducted on 676 pregnant women aged ≥ 20 years. Pregnant women at 12–14th (baseline) gestational weeks underwent

measurement of neck and other anthropometric indices. GDM was diagnosed with 75-g oral glucose tolerance test at 24–28th gestational week.

Results

GDM was developed in 110 (16.3%) pregnant women. The logistic regression analysis showed that baseline NC > 33.5 cm (OR: 2.037, 95% CI: 1.313–3.161; P = 0.002) and WC > 90.5 (OR: 2.299, 95% CI: 1.510–3.501; p < 0.001) were independent predictors of GDM. The area under the receiver operating characteristic (ROC) curve analysis of baseline NC and WC for GDM prediction respectively yielded 0.614 (95% CI: 0.558–0.670, p < 0.001) and 0.641 (CI: 0.583–0.698, p < 0.001). The optimal cut-off level of maternal baseline NC was >33.5 cm, with 68.5% sensitivity and 48.3% specificity, and for baseline WC it was >90.5.50 cm, with 57% sensitivity and 63.4% specificity.

Conclusion

Pregnant women with an NC > 33.5 cm and a WC > 90.5 cm at baseline (12–14th gestational weeks) had a higher chance of developing GDM. first-trimester NC and waist circumference (WC) measurements present a predictive index for GDM diagnosis.

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Keywords

Gestational diabetes mellitus

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