CHRD 2024: Abstract Submission Form

Presenter Name Yash Rawal Presenter Status
Non-Trainee

Role in the project
Perform Experiments
Analyze Data
Write Abstract

Research Category Clinical

Title

The association between diabetes in pregnancy and infant feeding practices

Background

Despite the known benefits of breastfeeding, women experiencing diabetes in pregnancy may face unique barriers to breastfeeding.

Objective

The purpose of this study was to examine the association between diabetes in pregnancy with infant breastfeeding practices in the Next Generation cohort.

Methods

Cross-sectional analysis of data from maternal-infant dyads in the cohort. Data was collected through hospital records and questionnaires including: maternal diabetes status, gestational age, NICU stay, infant hypoglycemia, birth mode and infant feeding (any vs no breastfeeding). Descriptive statistics and chi square tests and one-way anova were used.

Results

421 infants were included (50.4% female) with 50.4% exposed to T2D, 24.9% to GDM, and 24.7% to no diabetes. Infants exposed to T2D (39.6%) and GDM (43.8%) were less likely to breastfeed compared to not exposed to diabetes (79.8%)(p<0.001). Infants born to mothers with T2D compared to GDM and control were more likely to be premature (T2D-36.8 weeks ,GDM-37.8 weeks, no DM-38.5 weeks, p<0.001),delivered by C-section (40% T2D vs 20.8% GDM vs 20.7% no DM, p=0.001 and p=0.002, respectively), hypoglycemic episodes (44.3% T2D vs 12% GDM vs 3.8% no DM,p<0.001) and admitted to the NICU (33.1% T2D vs 6.6% GDM vs 13.8% no DM,p<0.001,p=0.002, respectively). There were no significant differences in birthweight between groups.

Conclusion

Infants exposed to any diabetes in utero are less likely to breastfeed. This may be in part related to the increased likely hood of c-section delivery, prematurity, and NICU stay. A better understanding of the challenges in breastfeeding is necessary to inform timely, targeted and appropriate interventions.

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No

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