CGM use in pregnancy improves neonatal outcomes

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(HealthDay)—For pregnant women with type 1 diabetes, use of continuous glucose monitoring (CGM) is associated with improved neonatal outcomes, according to a study published online Sept. 15 in *The Lancet* to coincide with the annual meeting of the European Association for the Study of Diabetes, held from Sept. 11 to 15 in Lisbon, Portugal.

Denice S. Feig, M.D., from the Sinai Health System in Toronto, and colleagues randomized women aged 18 to 40 years with type 1 diabetes for a minimum of 12 months who were receiving intensive insulin therapy to receive CGM in addition to capillary glucose monitoring (108 pregnant women, 53 planning pregnancy) or capillary glucose monitoring alone (107 pregnant women, 57 planning pregnancy).

The researchers observed a small, but significant, difference in hemoglobin A1c in pregnant women using CGM (mean difference, ?0.19 percent). Compared with controls, pregnant women with CGM spent more time in target and less time hyperglycemic. Significant improvements were seen in neonatal health outcomes, with lower incidence of large for gestational age (odds ratio, 0.51), fewer neonatal intensive care admissions lasting more than 24 hours and incidences of neonatal hypoglycemia (odds ratios, 0.48 and 0.45, respectively), and one-day shorter length of hospital stay. For women planning pregnancy, there was no apparent benefit for CGM.

"Use of CGM during pregnancy in patients with type 1 diabetes is associated with improved neonatal outcomes," the authors write.

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