

## Induction of labour in pregnancies with gestational diabetes mellitus, maternal and neonatal outcomes: a single centre experience

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**Objective.** To assess maternal and foetal outcomes in pregnancies with gestational diabetes mellitus undergoing induction of labour.

**Materials and Methods.** This retrospective observational study included women with a single term foetus in cephalic presentation without history of caesarean section, with an induction of labour and with a Bishop score < 5, between October 2021 and September 2023 at ARNAS Civico Hospital, Palermo, Italy. Women at < 36 weeks of gestation and/or twin pregnancy were excluded. Induction of labour was performed using balloon catheters in 49.4%. The induction protocol included medical induction with oral Misoprostol or vaginal Dinoprostone. Oxytocin augmentation was applied according to the Bishop score and following the internal protocol.

**Results.** During the study period, 103 women were included. There was no neonatal intensive care unit admission. The median of the APGAR score at 1' and 5' was 8.5 and 9.7, respectively. 62 (60.2%) women had a vaginal delivery, while 41 (39.8%) women had a caesarean delivery. The rate of maternal complications, such as postpartum haemorrhage, were lower than 5%.

**Conclusions.** The induction of labour through the internal protocol adopted at the ARNAS Civico Hospital, Palermo, Italy in pregnancies with gestational diabetes mellitus is safe in terms of maternal and neonatal outcomes. The rate of caesarean delivery was still relatively high. Future studies are needed to identify the best management of the induction of labour in women with gestational diabetes mellitus in order to ensure a vaginal delivery.