

DKA (Diabetic Ketoacidosis) in Pregnancy

A population-based case-control study conducted using the UKOSS reporting system between **April 2019 - September 2020**.

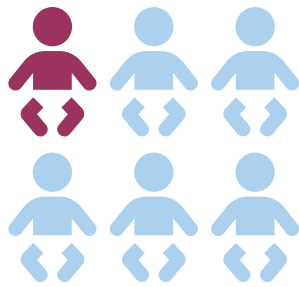
Cases – any pregnant woman managed for DKA (n=82)

Controls – pregnant women with Type 1 diabetes who did not suffer from DKA.

1 in 6

Babies of women with DKA in pregnancy did not survive

(12/73, 11 stillbirths, 1 neonatal death)



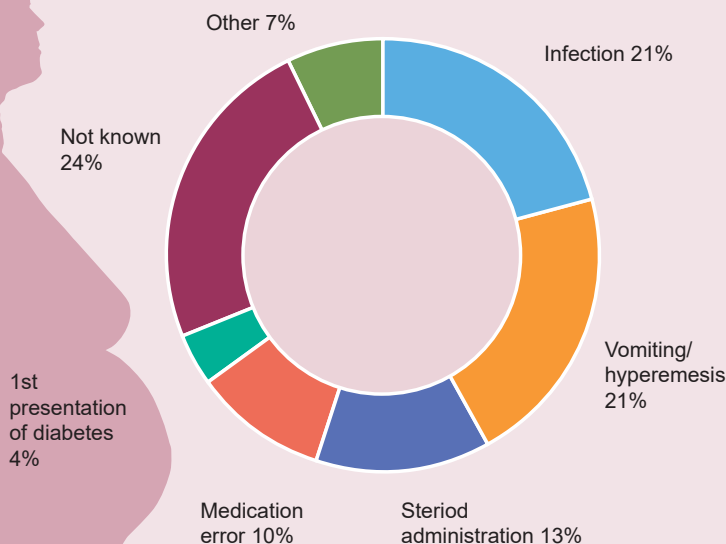
Incidence of DKA in Pregnancy

- 6.3 per 100 000 pregnancies
- 1.6% of women with type 1 diabetes (1 in 60)
- 0.11% of women with type 2 diabetes (1 in 900)
- 85% of cases occurred in women with type 1 diabetes
- 71% occurred in 3rd trimester
- 51% of cases had euglycaemic DKA
- 15% had >1 DKA episode in their pregnancy

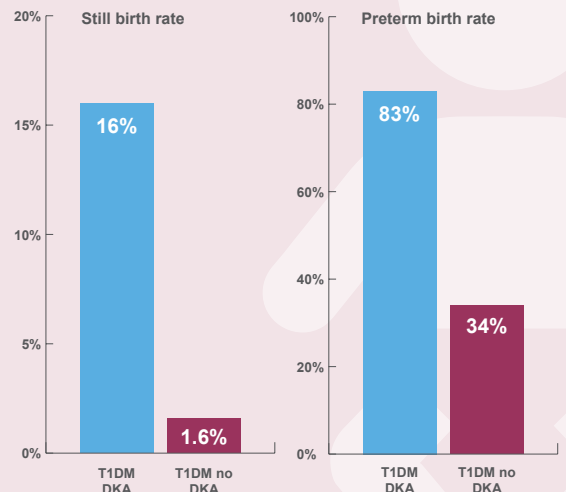
Maternal Risk Factors for DKA in Pregnancy*

- Woman and/or partner not in paid employment (low socio-economic status) (37% of cases v 12% of controls)
- At least 1 microvascular diabetes complication before pregnancy (44% of cases v 14% of controls)

Causes of DKA in Pregnancy



Infant outcomes



Implications for clinical practice

- Guidelines needed on management of DKA in pregnancy
- The management of DKA in pregnancy needs to reflect the high rate of recurrence as well as high risk of stillbirth and preterm birth

*Cases = women with type 1 diabetes who developed DKA in pregnancy, Controls = women with type 1 diabetes who did not develop DKA in pregnancy