Objectives: pregnancy outcomes in hypothyroidism associated to diabetes mellitus (DM)
Methods and materials: retrospective analysis of 4 groups: A-hypothyroidism and DM (10), B-overt DM (100), C-hypothyroidism (30), D-control (100); monitored by obstetricians, endocrinologists (TSH, fT4, TPO-Antibody, levothyroxine therapy), nutritionists, neonatologists.

Results. Patients characteristics: age (28.02 ± 4.49/29.20 ± 5.60/27.97 ± 4.74/27.33 ± 4.54), preconceptional weight (67.53 ± 13.73/58.59 ± 9.27/58 ± 8.11/55.32 ± 7.39), Primary parameters: gestational age (35.09 ± 3.05/36.85 ± 2.71/38.27 ± 1.61/37.8 ± 2.21 wks), birthweight (3,541 ± 625/3,411 ± 825/3,227 ± 556/3,110 ± 599.9 g), Apgar score (7.48 ± 2.49/8.45 ± 1.53/8.77 ± 1.11/8.36 ± 1.59); labor induction (2 - 20%/9 - 10.47%/12 - 13%/15 - 15%), Atypical/Abnormal CTG: 6/9/6/5), congenital malformations (heart: 1/3/0/0; talus valgus/varus: 6-B; hydrocele: 5-B); neonatal morbidity (RDS: 1-A; 7-B; Bronchopulmonary dysplasia: 2-B; Necrositing enterocolitis: 1-A, 2-B); Perinatal mortality: Stillbirth: 1/4/1/0; Neonatal deaths: 1/5/0/4.

Cesarean section (CS) was significant more frequent when associated pathologies (p<0.01): 8 - 80%/50 - 58%/35.4%/17 - 19%. Specific maternal morbidity: Weight Gain: 16.77 ± 5.71/18.45 ± 5.61/15.51 ± 8.92/11.95 ± 4.75 kg; Gestational Hypertension/Pre-eclampsia: 3-30%/9-10.7%/3-10%/10%; DM alteration: 3-30%/2-2.3%/0/0; no hyperthyroidism. Admissions for preterm birth: 5 - 50%/30 - 35.4%/10 - 33%/18%.

Conclusions: incidence of hypothyroidism associated to DM lower than that of each disorder (10 cases/4,211 deliveries), maternal age and birthweight higher (p< 0.01), more prematurity, Apgar score reduction (p< 0.01); more labor induction, CS; increased perinatal morbidity, mortality, maternal/neonatal admission; higher maternal weight gain, gestational hypertension, metabolic disorders, no hyperthyroidism.