Background and Aim ±10% of women have a depression during pregnancy and selective serotonin reuptake inhibitors (SSRI) are frequently used. After the use of SSRIs approximately 30% of neonates show adverse effects. We studied different policies in the Netherlands in term neonates after maternal SSRI use and findings of standard 48-hour monitor observation and glucose testing.

Methods A questionnaire about local policy in neonates after maternal SSRI use was performed in all Dutch hospitals. Next to this we describe the occurrence of incidents and hypoglycemia in a 5.5-years cohort of term neonates (n=138), in which standard monitoring observation and glucose testing was performed.

Results The questionnaire response rate was 79%. Standard observation is conducted in 96% of the hospitals, 77% on the maternity ward and 23% on the neonatology ward, using a monitor. The majority (n=53, 73%) observes neonates for 48 hours (range 12–72 hours). Standard glucose testing is performed in 12% of hospitals. Ambulatory follow-up is performed in 30% of hospitals. Our cohort study showed that if no incidents occurred during the first 24 hours of observation, no incidents will occur thereafter. Glucoses were below cut off value in 12% mainly at 1 hour after birth, resolving with oral feeding.

Conclusions There are many differences in postnatal care for neonates born after maternal SSRI use. Based on our cohort study it seems unnecessary to prolong monitor observation after 24 hours if no incidents occurred. Standard glucose testing should not be performed.

Background Children who are large for gestational age at birth and exposed to an intrauterine environment of either diabetes or maternal obesity are at increased risk of developing metabolic syndrome. This can be explained by exposure to high glucose and insulin levels in utero causing altered fetal adaptation and changes in normal fetal programming.

Objectives The aim of the study was to evaluate preclinical atherosclerosis begins in utero.

Methods We measured the umbilical artery wall thickness (uWT) in the third trimester by obstetric ultrason and umbilical artery intima media thickness (uIMT) in pathologic specimens of the umbilical cords obtained shortly after delivery and we investigated the relation between the these measurements and serum insulin, c-peptide level in cord blood and homeostasis model assessment of insulin resistance (HOMA-IR) in infants of diabetic mother (IDM).

Results The LGA/IDM group had significantly higher insulin (p<0.001), c-peptides (p=0.018) and HOMA-IR levels (p<0.001) compared to AGA/IDM group and controls. LGA/IDM group had significantly higher ruWT (p=0.013) and uIMT (p<0.001) values compared to AGA/IDM group and controls. LGA/IDM group has increased umbilical artery intima-media and wall thickness which correlates with severity of maternal hyperglycemia.

Conclusions Measurement of ruWT in third trimester is feasible, reproducible and strongly correlated with pathological measurements.