



# FIGO INITIATIVE ON GESTATIONAL DIABETES

**FIGO recommends that hyperglycemia/ Gestational Diabetes Mellitus (GDM) be considered a global health priority**



**Hyperglycemia** is one of the **most common medical conditions** women encounter during pregnancy



**1 in 6** live births occur to women with some form of hyperglycemia

**84%** of which are due to **GDM**



## HYPERGLYCEMIA/GDM IS ASSOCIATED WITH:

- Leading causes of **maternal mortality**
- Higher incidence of **maternal morbidity**
- Higher incidence of **perinatal and neonatal morbidity**
- **Later long term consequences** for both mother and child



### Low and middle income countries account for:

- 85%** of the annual **global deliveries**
- 80%** of the **global diabetes** burden
- 90%** of all cases of **maternal and perinatal deaths** and **poor pregnancy outcomes**



### PREGNANCY OFFERS A WINDOW OF OPPORTUNITY TO:

- **Establish** services
- **Improve** health
- **Prevent** intergenerational transmission of non-communicable diseases

**TO WORK TOWARDS ACHIEVING SUSTAINABLE DEVELOPMENT GOAL (SDG) 3**

Given the link between hyperglycemia in pregnancy, poor pregnancy outcome, and future risk of diabetes in both mother and offspring, a focus on **prevention, screening, early diagnosis** and **managing hyperglycemia** in pregnancy is needed globally





# FIGO INITIATIVE ON GESTATIONAL DIABETES

*FIGO recommends universal testing—all pregnant women should be tested for hyperglycemia during pregnancy using a one-step procedure*

## WHY TEST DURING PREGNANCY?

- > **Maternal and newborn outcomes** depend on maternal glycemic control
- > Testing is the **only route to diagnosis** and management
- > Testing only women with 'risk factors' will **miss half of the women** with GDM
- > Accounting for long term benefits and outcomes show that universal testing is **cost effective**



## SUCCESSFUL DIAGNOSIS

Diagnosis is best using lab results of **VENOUS PLASMA SAMPLES** but using a plasma calibrated **HAND HELD GLUCOMETER** is also acceptable

Use **WHO** diagnosis criteria

Pragmatic guides for **testing, diagnosis** and **management** must be based on each country's available:



**Finances**



**Human Resources**



**Infrastructure Resources**

All countries have an obligation to implement the best testing and management practices they can!

### PRIORITY COUNTRIES:

India, China, Nigeria, Pakistan, Indonesia, Bangladesh, Brazil and Mexico



These **8 countries** account for **55% of global live births** and **55% of the global burden of diabetes**

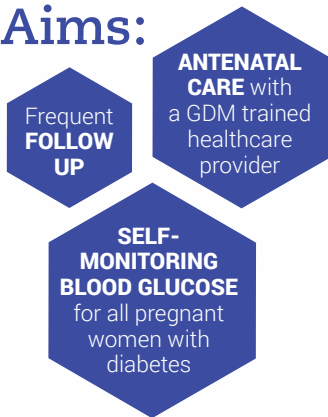




# FIGO INITIATIVE ON GESTATIONAL DIABETES

**FIGO recommends that all countries provide the best GDM management possible given available resources**

## Aims:



## LIFESTYLE MANAGEMENT



**Nutrition counselling** and **physical activity** are KEY to reduce risk of future obesity, type 2 diabetes, and cardiovascular diseases

## PHARMACOLOGICAL MANAGEMENT



If lifestyle modification alone fails to achieve glucose control, **metformin**, **glyburide**, or **insulin** are safe and effective treatment options

**Fetal sonographic assessment** can help determine size of the baby and diagnose fetal macrosomia (the most frequent complication of GDM)

**Baby well-being** should be assessed through a simple **fetal kick count** technique or when resources are available through **biophysical profile** including cardiotocography

**Pregnancy** with good glycemic control and appropriate size fetus **can continue** until

**{ 40-41 weeks }**

**Elective cesarean delivery** may be recommended if fetal weight exceeds

**{ 4000 grams }**



Post-delivery the newborn must be **carefully observed** for respiratory distress and hypoglycemia





# FIGO INITIATIVE ON GESTATIONAL DIABETES

*FIGO recommends using the postpartum period for increased engagement to improve health for mother and child*

## POSTPARTUM AIMS



Early  
**DETECTION**  
of infections



**SUPPORT**  
of  
breastfeeding



**ADVICE** on  
pregnancy  
spacing



**RETEST** all women  
with GDM at 6-12  
weeks postpartum



Future  
blood glucose  
**TESTS**

The postpartum period is an important platform to **initiate early preventive health** for both the mother and the child who are both at higher risk of:

- **Future Obesity**
- **Metabolic Syndrome**
- **Diabetes**
- **Hypertension**
- **Cardiovascular Disorders**



Both **lifestyle intervention** and **metformin** can be effective in **delaying** or **preventing diabetes** in women with impaired glucose tolerance and a history of GDM



Obstetricians to link with other healthcare providers to support postpartum follow-up through **child vaccination/regular health visits**

## AIMS FOR PRECONCEPTION & INTER-PREGNANCY INTERVALS



Increase acceptance and access to **preconception services**



**Universal pre-conception screening** for malnutrition, anemia, overweight and obesity, hypertension, diabetes and thyroid dysfunction

