



# A CALL TO ACTION

**Prioritize Diabetes in Pregnancy to Save Lives,  
Improve Maternal Health, and Curb  
Intergenerational Transmission of NCDs**

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Diabetes in pregnancy is an under-recognized, under-prioritized health issue with significant implications for women, newborns, and children throughout their lives.

We come together as a broad coalition of stakeholders who are committed to comprehensive and sustainable solutions to end preventable maternal and child deaths, promote sexual and reproductive health, combat noncommunicable diseases (NCDs), advance good nutrition and the right to health, and achieve health and wellbeing for all. Achieving the Sustainable Development Goals and Universal Health Coverage hinges on finding common cause and shared solutions for crosscutting issues like diabetes in pregnancy. We stress the complex and interconnected risks of diabetes in pregnancy, and call for attention and action.

## **Diabetes in pregnancy threatens the long-term health of women, newborns, and children.**

Diabetes in pregnancy is treatable and preventable, but left unaddressed the disease significantly increases a woman's risk of life threatening complications from pregnancy—like hemorrhage, hypertension, obstructed labor, and infection. There are also increased risks of stillbirth, and serious threats to the health of newborns, including death from respiratory problems and permanent disability.<sup>1</sup> The risk, severity, and number of life-threatening complications for women and their newborns are directly related to the severity of diabetes during pregnancy, and the stage of pregnancy at which diabetes is detected.<sup>2</sup> We will not end preventable maternal and child deaths and improve maternal health without addressing diabetes in pregnancy.

The ripple effects of diabetes in pregnancy are far reaching—and jeopardize healthy populations, sustainable health systems, and general wellbeing. Diabetes in pregnancy is the most reliable marker of future type 2 diabetes,<sup>3</sup> heart disease, and stroke in women.<sup>4</sup> Up to half of women with diabetes in pregnancy develop type 2 diabetes within five years of pregnancy.<sup>5</sup> Children born to women with diabetes in pregnancy are eight times more likely to develop type 2 diabetes<sup>6</sup> and more likely to develop obesity in teenage years or adulthood.<sup>7</sup> These intergenerational impacts of diabetes in pregnancy create long-lasting, chronic health issues that compromise health and wellbeing, increase burdens on health systems, and increase costs of health care.

## **Diabetes in pregnancy is a growing challenge that demands urgent action.**

Diabetes in pregnancy is one of the most common conditions seen in pregnancy, affecting 10–25% of pregnancies globally,<sup>8</sup> and about 1 in 7 births.<sup>9</sup> In 2015, 21 million live births were affected by diabetes in pregnancy. This number will only increase with the rise in global burden of NCDs: There are currently more than 200 million women living with diabetes, and this is projected to increase to 308 million by 2045.<sup>10</sup> As women around the world are having children later in life, this too increases the risk of diabetes in pregnancy.<sup>11</sup>

This burden is not confined to high-resource settings or countries—diabetes in pregnancy is a serious and growing issue in all regions of the world, at all income levels. Ninety-two percent of cases of diabetes in pregnancy occur in low-and middle-income countries (LMICs).<sup>12</sup> More than half of the global diabetes burden is shouldered by just eight LMICs—and these same countries account for more than half of global live births and two-thirds of maternal and newborn deaths and disabilities.<sup>13, 14, 15</sup>

## **Change is possible with concerted action.**

Despite the staggering statistics on the reach and toll of the disease, diabetes in pregnancy remains under-recognized, under-prioritized, under-researched, and under-funded. The cost of inaction is clear—backward progress on preventable maternal and child deaths, increased prevalence NCDs at all ages, and rising costs as health systems respond to chronic diseases. To save lives and achieve health and wellbeing for all, as called for in Sustainable Development Goal 3, diabetes in pregnancy cannot be ignored.

Pregnancy offers a window of opportunity to address diabetes in women, mitigate the significant health risks associated with diabetes in pregnancy, and prevent diabetes and other chronic NCDs in women, newborns, and children. The interconnected health benefits combined with efficiencies and cost-savings from integrated service delivery and disease prevention make addressing diabetes in pregnancy a smart, strategic decision.

**We, the undersigned, call on governments around the world to seize the opportunity of the 2018 High-Level Meeting on Noncommunicable Diseases and commit to deliberate and concerted action to address the toll of diabetes in pregnancy — to save lives, improve maternal health, and curb intergenerational transmission of NCDs.<sup>16</sup>**

## Start from the top

At the highest political level, articulate a commitment to addressing diabetes in pregnancy as part of a national-level plan to address NCDs, recognizing the growing toll and impact of diabetes on maternal and child health, sexual and reproductive health, intergenerational spread of NCDs, and costs and sustainability of the broader health system. Encourage sub-national and local leaders to issue similar political commitments to address diabetes in pregnancy as part of action plans on NCDs, and as part of the package of services offered on the road to Universal Health Coverage.

***This action will establish the political will required to comprehensively address diabetes in pregnancy at all levels, and help to ensure the prioritization and funding of disease prevention and treatment, including for the most marginalized.***

## Prioritize and Scale up

Deliberately integrate diabetes in pregnancy into country-wide assessments of NCD burden and implementation research, used to identify priority areas for national and sub-national action. Assessments and research should systematically collect data on the prevalence and impact of diabetes in pregnancy to guide scale up and bolstering of interventions and services for all. Assessments and research on diabetes in pregnancy should, where feasible, consider all women attending health facilities and provide data that is disaggregated by age, ethnicity, and location.

***This action will ensure that the scale and scope of diabetes in pregnancy within countries is captured and able to be factored into decision-making on NCD priorities and funding. It will also help ensure that all those affected by diabetes in pregnancy are counted and directed to appropriate services***

## Embed and Expand

Leverage existing health service delivery platforms, such as routine maternal health services and child immunization programs, to screen for and treat diabetes in pregnancy and provide follow-on care for women, newborns, and children.

***This action will provide a cost-efficient way to expand treatment and care of diabetes in pregnancy, leverage existing health care inroads to identify those in need of care, and help prevent future diabetes and NCDs in women and their children to promote better health and cost-savings.***

## Collaborate

Promote a policy environment that encourages work across sectors and health care silos in order to advance integrated service delivery that includes maternal health and NCD prevention and treatment, and helps advance Universal Health Coverage.

***This action will help build systems and structures that support person-centered care and take a life-course approach to health, which will better identify and treat diabetes in pregnancy and prevent intergenerational spread of NCDs.***

## Finance

Dedicate domestic health funding to diagnose, prevent, and treat diabetes in pregnancy, including funding for follow-on care to prevent future diabetes in NCDs in women and their newborns. Encourage existing global financing mechanisms, such as the Global Financing Facility in support of Every Woman Every Child and others, to incorporate diabetes in pregnancy into their work and outcomes.

***This action will help ensure that the burden and political will for diabetes in pregnancy is matched with appropriate funding, and prioritized at the national and global levels.***



## Act for Accountability

Integrate diabetes in pregnancy into national and local accountability mechanisms for overall health, and in particular NCDs and maternal and child health. Accountability mechanisms should both monitor and track diabetes in pregnancy, and be a tool to hold decision-makers accountable for health and health policy outcomes.

***This action will help ensure that diabetes in pregnancy is consistently tracked to assess full burden and health impacts over time, and that the consequences of action or inaction on diabetes in pregnancy are realized, articulated, and able to influence policy change.***

**Working collaboratively, across sectors we can reduce the burden of diabetes in pregnancy, and save lives, improve maternal health, and curb intergenerational transmission of NCDs. The role of all stakeholders is vital to finding sustainable solutions for diabetes in pregnancy, and to achieve the 2030 Goals for Sustainable Development.**

### LIST OF SIGNATORIES

1,000 Days (Global)	Associação dos Diabéticos e Familiares de Tangu (Brazil)	Community Enlightenment and Development Initiative (Nigeria)
Abt Associates (Global)	Association Mauritanienne SOS Femmes Rurales (Islamic Republic of Mauritania)	CORE Group (Global)
Action Pour Le Developpment (Belgium)	Association of Uganda School Leaving Youth (Uganda)	Crossworld Care Foundation (Nigeria)
ADJ - Diabetes Brasil (Brazil)	Aastha Foundation (India)	Dakshayani and Amaravati Health and Education (India)
Afrihealth Optonet Association (Nigeria)	Azat Foundation (Pakistan)	Diabetes Association of Sri Lanka
Aia Mwaea Ainen Kiribati	Banka BioLoo Limited (India)	Diabetes in Pregnancy Study Group in India
American Academy of Pediatrics	BD (Global)	Diabetic Association of Bangladesh
American College of Obstetricians and Gynecologists	Blossom Trust (India)	Djerriwarrh Health Services (Australia)
Amref Health Africa in Kenya	Boston University Center for Excellence in Maternal and Child Health (US)	Doctors with Africa CUAMM (Global)
The Antara Foundation (India)	Catholic Organization for Relief and Development Aid (Cordaid) (Global)	Dr. Uzo Adirieje Foundation (Nigeria)
Arogya World (Global)	Center for Health and Gender Equity (CHANGE) (Global)	Educar Consumidores (Colombia)
Asociación de Diabéticos del Uruguay	Children's HeartLink (Global)	Ending Eclampsia (project of Population Council) (Global)
Associação Botucatuense de Assistência ao Diabético (Brazil)	Clinical Nursing Society Kenya (Kenya)	EnowNchong Foundation (Cameroon)
Associação de Diabetes de São Bernardo do Campo (Brazil)	Colectiva Mujer y Salud (Dominican Republic)	Every Mother Counts (Global)
Associação Diabetes e Hipertensiva do Ceará (Brazil)		F&G Wellness Partnerships Ltd (Ghana)

Faduk Care Foundation (Nigeria)	International Confederation of Midwives (Global)	Maya Traditions Foundation (Guatemala)
Federal Medical Center, Owerri (Nigeria)	International Council of Nurses (Global)	Médecins Partenaires Humanitaires (Democratic Republic of Congo)
Federation of Obstetrics and Gynaecological Societies of India (FOGSI)	International Federation of Women in Legal Careers (Global)	Medical Women's Association of Nigeria
Femme-Santé-Développement (Cameroon)	International Pediatric Association (Global)	Medical Women's International Association (Global)
FHI 360 (Global)	IntraHealth International (Global)	Meera Foundation (Mutual Education for Empowerment and Rural Action) (India)
International Federation of Gynecology and Obstetrics (FIGO) (Global)	Isra University Karachi Campus (Pakistan)	Mission for Essential Drugs and Supplies (Kenya)
Fórum Intersectorial de Combate às DCNTs no Brasil (Brazil)	Jain Hospital (India)	Multiple Birth Initiative (Nigeria)
Foundation for Integrated Rural Development (Uganda)	Jhpiego (Global)	Muslim Family Counselling Services (Ghana)
Frontline Health Workers Coalition (Global)	Kaibeya Care Foundation Africa (Nigeria)	National Diabetes, Obesity and Cholesterol Foundation (India)
Fundación para Estudio e Investigación de la Mujer (Argentina)	Kenya AIDS NGOs Consortium	National Federation of Female Communities of Kyrgyzstan
Geneva University Hospitals (Switzerland)	KIT Royal Tropical Institute (The Netherlands)	NCD Alliance (Global)
Ghana Action on Preeclampsia	Lake County Tribal Health Center (US)	NCD Alliance Ghana
Global Health Council (Global)	Lighthouse Global Health Initiative (Nigeria)	NCD Alliance Nigeria
Global Health Visions (Global)	Lions Club of Amicus Sun City (Bangladesh)	NCD Child (Global)
Grace Foundation (The Gambia)	Madam Moesillo Foundation (Nigeria)	New Wine Emmanuel Shalom Ministry (Kenya)
Grupo de Amigos Diabéticos em Ação (Brazil)	Mães e Pais de Crianças DM1 (Brazil)	Nigerian Women Agro Allied Farmers Association
Health Reform Foundation of Nigeria	Mahavir Shikshan Sansthan (India)	Novo Nordisk (Global)
Health, Education and Literacy Programme (HELP) (Pakistan)	Make Mothers Matter (Global)	Osi Joe Touching Lives Initiative (Nigeria)
Healthy Caribbean Coalition	Makerere University Centre for Health and Population Research (MUCHAP)/Iganga Mayuge HDSS (Uganda)	Pan Africa Positive Women Coalition (Zambia Chapter)
High Risk Pregnancy Clinic of Campinas City Hall (Brazil)	Maldivian Network for Empowering Women	Partners In Health (Global)
Humanity & Inclusion (Global)	Mama Afya Initiative (Tanzania)	PATH (Global)
Institute of Tropical Medicine, Antwerp (Belgium)	Management Sciences for Health (Global)	People's Health Movement Tanzania
Instituto Doce Desafio (Brazil)	Marie Stopes International (Global)	Plan International (Global)
International Center for Clinical Research Pakistan	Maternal Health Task Force (Global)	Population Council (Global)
	Maternity Foundation (Global)	Population Services International (Global)
		Preeclampsia Foundation (US)

Public Health Foundation of India	Taskforce on Women and NCDs (Global)	Vision for Alternative Development (Ghana)
Public Health Initiative Liberia	The Alliance for Health Promotion (Global)	Vital Strategies (Global)
Responding to HIV/AIDS and Intervening for the Needy (RAIN Uganda)	The American College of Cardiology (US)	Voluntary Services Overseas (Global)
Regional Center for International Development Corporation (Uganda)	The Diabetes Centre (Pakistan)	White Ribbon Alliance (Global)
RTI International (Global)	The George Institute for Global Health (Australia)	Women Deliver (Global)
Seed Global Health (Global)	The Hunger Project (Global)	Women Environmental Programme (Global)
SHASTO Project, JICA Bangladesh	The University of Newcastle (Australia)	Women for Peace and Gender Equality Initiative (Nigeria)
ShelImpact (Nigeria)	Touch Foundation (Tanzania)	Women's Media for Development Foundation (Zimbabwe)
Sociedad Argentina de Diabetes	L'Union de l'Action Féministe (Morocco)	World Diabetes Foundation (Global)
Society for Mobilization, Advocacy, and Justice (Pakistan)	Universiti Kebangsaan Malaysia	World Obesity Federation (Global)
Somali Diabetes Management and Information Center (Somalia)	University of Abomey-Calavi, Regional Institute of Public Health (Benin)	Young Professionals Chronic Disease Network (Global)
Stroke Association Support Network (Ghana)		



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- <sup>1</sup> FIGO-IDF Joint Statement and Declaration on Hyperglycemia in Pregnancy. <https://www.figo.org/sites/default/files/uploads/News/FIGO%20-IDF%20Joint%20Statement%20final%20with%20logo.pdf>
- <sup>2</sup> HAPO Study Cooperative Research Group. Hyperglycemia and Adverse Pregnancy Outcomes. <https://www.nejm.org/doi/full/10.1056/NEJMoa0707943>
- <sup>3</sup> Bellamy L, Casas JP, Hingorani AD et al. Type 2 diabetes mellitus after gestational diabetes: a systematic review and meta-analysis. <https://www.ncbi.nlm.nih.gov/pubmed/19465232>
- <sup>4</sup> Retnakaran R & Shah BR. Mild glucose intolerance in pregnancy and risk of cardiovascular disease: a population based cohort study. <https://www.ncbi.nlm.nih.gov/pubmed/19703913>
- <sup>5</sup> National Institute for Healthcare and Excellence. Diabetes in pregnancy: management from preconception to the postnatal period. <https://www.nice.org.uk/guidance/ng3/chapter/2-research-recommendations>
- <sup>6</sup> Clausen TD, Mathiesen ER, Hansen T, et al. High prevalence of type 2 diabetes and pre-diabetes in adult offspring of women with gestational diabetes mellitus or type 1 diabetes the role of intrauterine hyperglycemia. <http://care.diabetesjournals.org/content/31/2/340>
- <sup>7</sup> Hod M, Kapur A, Sacks DA, et al. The International Federation of Gynecology and Obstetrics (FIGO) Initiative on gestational diabetes mellitus: A pragmatic guide for diagnosis, management, and care. [https://www.worlddiabetesfoundation.org/sites/default/files/FIGO\\_Initiative\\_on\\_GDM.pdf](https://www.worlddiabetesfoundation.org/sites/default/files/FIGO_Initiative_on_GDM.pdf)
- <sup>8</sup> WHO. Global Report on Diabetes. [http://apps.who.int/iris/bitstream/handle/10665/204871/9789241565257\\_eng.pdf;jsessionid=FCCA44BE17E6CCF4EEC59C82194F7E1C?sequence=1](http://apps.who.int/iris/bitstream/handle/10665/204871/9789241565257_eng.pdf;jsessionid=FCCA44BE17E6CCF4EEC59C82194F7E1C?sequence=1)
- <sup>9</sup> International Diabetes Federation. Gestational Diabetes. <https://www.idf.org/our-activities/care-prevention/gdm>
- <sup>10</sup> International Diabetes Federation. Gestational Diabetes. <https://www.idf.org/our-activities/care-prevention/gdm>
- <sup>11</sup> FIGO-IDF Joint Statement and Declaration on Hyperglycemia in Pregnancy. <https://www.figo.org/sites/default/files/uploads/News/FIGO%20-IDF%20Joint%20Statement%20final%20with%20logo.pdf>
- <sup>12</sup> WHO. Integration of the Prevention and Control on Non-Communicable Diseases and Maternal and Newborn Health and Services- A Case for Action. [http://www.who.int/global-coordination-mechanism/working-groups/Policy\\_Brief\\_on\\_Maternal\\_Health\\_and\\_NCD\\_31MAR16\\_FOR\\_DISPATCH.pdf](http://www.who.int/global-coordination-mechanism/working-groups/Policy_Brief_on_Maternal_Health_and_NCD_31MAR16_FOR_DISPATCH.pdf)
- <sup>13</sup> Hod M, Kapur A, Sacks DA, et al. The International Federation of Gynecology and Obstetrics (FIGO) Initiative on gestational diabetes mellitus: A pragmatic guide for diagnosis, management, and care. [https://www.worlddiabetesfoundation.org/sites/default/files/FIGO\\_Initiative\\_on\\_GDM.pdf](https://www.worlddiabetesfoundation.org/sites/default/files/FIGO_Initiative_on_GDM.pdf)
- <sup>14</sup> FIGO-IDF Joint Statement and Declaration on Hyperglycemia in Pregnancy. <https://www.figo.org/sites/default/files/uploads/News/FIGO%20-IDF%20Joint%20Statement%20final%20with%20logo.pdf>
- <sup>15</sup> The eight countries are: India, China, Nigeria, Pakistan, Indonesia, Bangladesh, Brazil, and Mexico
- <sup>16</sup> The following recommendations are drawn from and support “Time to Deliver,” a Report of the WHO Independent High-Level Commission on Noncommunicable Diseases. <http://apps.who.int/iris/bitstream/handle/10665/272710/9789241514163-eng.pdf?ua=1>