



FIGO

International Federation of
Gynecology and Obstetrics

News Release

For immediate release

International Federation of Gynecology and Obstetrics (FIGO) launches a global framework for action to improve the diagnosis and care of women with gestational diabetes mellitus (GDM) and to improve adolescent, preconception and maternal nutrition

Vancouver, BC, Tuesday, October 6, 2015— [The International Federation of Gynecology and Obstetrics \(FIGO\)](#) announced today at the [XXI World Congress of Gynecology and Obstetrics](#) important guidelines aimed at improving maternal health, decreasing the incidence of maternal, fetal and neonatal morbidity and reducing the burden of non-communicable diseases globally. These two sets of guidelines provide recommendations to improve the diagnosis and care of women with gestational diabetes mellitus (GDM) and to improve adolescent, preconception and maternal nutrition.

The comprehensive guidelines, created collaboratively with international experts in GDM and maternal nutrition, set out evidence-based guidance which will support the recently adopted UN [Sustainable Development Goals](#) (SDG), in particular [3.4](#), which includes reducing by one third premature mortality from non-communicable diseases through prevention and treatment by 2030, and [2.2](#), which includes ending all forms of malnutrition by 2030 and addressing the nutritional needs of adolescent girls, pregnant and lactating women.

FIGO's Gestational Diabetes Mellitus (GDM) Guidelines

“Hyperglycemia is one of the most common medical conditions women encounter during pregnancy with one out of six live births impacted by hyperglycemia during pregnancy. Hyperglycemia in pregnancy is associated with the leading causes of maternal mortality and maternal and neonatal morbidity, as well as a several fold increased risk of future obesity, diabetes and cardiovascular diseases in both the mother and child,” says Professor Moshe Hod, Chair of the Expert Group for the FIGO GDM Initiative.

“These risks can be considerably mitigated through preventive actions. The relevance of gestational diabetes as a priority for maternal health and its impact on the future burden of non-communicable disease is no longer in doubt,” adds Professor Hod. “Given this important fact, there needs to be a greater global action plan focused on preventing, screening, diagnosing and managing hyperglycemia in pregnancy. The new GDM guidelines and the adolescent, preconception and maternal nutrition guidelines released today are important steps in the right direction to tackle maternal gestational diabetes.”

The FIGO GDM Initiative calls for greater attention on the links between maternal health and non-communicable diseases in the sustainable developmental agenda and encourages all countries and FIGO's 125 national member associations to adopt and promote strategies to ensure universal testing of all pregnant women for hyperglycemia during pregnancy. It emphasizes that all countries have an obligation to implement the best GDM testing and management practices they can.

The document calls for public health measures to increase awareness and acceptance of preconception counseling and to increase affordability and access to preconception services to women of reproductive age, as this is likely to have both immediate and lasting benefits for maternal and child health.

It also emphasizes that the post-partum period for women with GDM also provides an important opportunity for increased engagement and improved health for both the mother and the child. The document calls upon healthcare providers to support postpartum follow up of GDM mothers linked to the regular check-up and vaccination program of the child to ensure continued engagement of the high risk mother-child pair.

The document recognizes that nutrition counseling and physical activity are the primary tools in the management of GDM and recommends that women with GDM receive practical nutrition education and counseling.

Please see the attached Backgrounder for recommendations taken from: *The International Federation of Gynecology and Obstetrics (FIGO) Initiative on Gestational Diabetes Mellitus: A Pragmatic Guide for Diagnosis, Management, and Care* is published as a Supplement ([Volume 131, Supplement 3 \(2015\) by the International Journal of Gynecology & Obstetrics \(IJGO\)](#)).

The Gestational Diabetes Initiative is supported by an unrestricted financial grant from [Novo Nordisk](#).

FIGO's Adolescent, Preconception and Maternal Nutrition Guidelines

“Adolescent, preconception, and maternal nutrition represent a major public health issue that affects not only the health of adolescents and women, but also that of future generations. These FIGO recommendations aim to address several issues relating to nutrition in adolescent and young women before, during and after pregnancy,” says Professor Mark Hanson, Chair of the FIGO Adolescent, Preconception and Maternal Nutrition Initiative. “They highlight the importance of balanced nutrition during those critical periods of the life course, for both the woman and her developing baby. FIGO is committed to making a real difference to the prevention of poor nutrition globally as a critical step in reducing the global burden of non-communicable diseases.”

The FIGO Adolescent, Preconception and Maternal Nutrition Initiative calls for more awareness of the fact that in many societies, women and adolescent girls are poorly nourished, in terms of the level and balance of both macro-and micronutrients in their diet. This circumstance is detrimental to their current and future health and that of their children, as good health and nutrition before conception are key to a mother's ability to meet the nutrient demands of pregnancy and breastfeeding, and are vital to the healthy development of her embryo, fetus, infant, and child. The continuum of poor maternal health and poor infant and childhood development contributes substantially to the global burden of disease and disability, affecting the way that individuals respond to a number of environmental challenges—ranging from infections to an obesogenic lifestyle.

The document identifies good versus poor nutrition, as well as under- and over-nutrition and micronutrient malnutrition. Regional case studies are discussed which exemplify local situations and specialised solutions. Specific recommendations are given for optimising nutrition throughout the life cycle, including weight, macro and micronutrient intake.

The adolescent, preconception and maternal guidelines emphasize the overall need for all healthcare providers to “*Think Nutrition First*” — focusing on optimizing adolescent and maternal nutrition and health, starting in the preconception years. This approach will have considerable positive benefits for ensuring women’s health and that of their children, as well as securing the health, productivity, life expectancy, and well-being of future generations. FIGO makes specific recommendations to achieve this goal, and advocates concerted action by a range of stakeholders, including donors and international organizations to enact them.

See the attached Backgrounder for recommendations taken from: *The International Federation of Gynecology and Obstetrics (FIGO) Recommendations on Adolescent, Preconception, and Maternal Nutrition: “Think Nutrition First”* is published as a Supplement ([Volume 131, Supplement 4 \(2015\) by the International Journal of Gynecology & Obstetrics \(IJGO\)](#)).

The Think Nutrition First nutrition guidelines were supported by an unrestricted financial grant from [Abbott](#).

The next phase for both of these initiatives involves the establishment of FIGO Expert Working Groups who will guide the development of region specific guidelines and toolkits and their dissemination and implementation, as well as further advocacy to ensure these issues remain high on the global health agenda.

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The International Federation of Gynecology and Obstetrics (FIGO) is a non-profit organization that brings together obstetrical and gynecological associations from 125 countries/territories worldwide. It is dedicated to the improvement of women’s health and rights and to the reduction of disparities in healthcare available to women and newborns, as well as to advancing the science and practice of obstetrics and gynecology. Based in London, the organization hosts a triennial World Congress that draws more than 7,000 women’s health scientists, clinicians, and other allied health professionals to present the latest science and best clinical practice in obstetrics and gynecology.



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Gestational Diabetes Mellitus (GDM) Guidelines Recommendations

Below are a summary of the key points and recommendations highlighted throughout the document.

Public health focus and priority

- To increase awareness, access, affordability, and acceptance of preconception counselling, and prenatal and postnatal services for women of reproductive age. Public health measures to increase awareness, access, affordability, and acceptance of preconception counselling, and prenatal and postnatal services for women of reproductive age must be prioritized.

Universal testing

- All pregnant women should be tested for hyperglycemia during pregnancy using a one-step procedure and FIGO encourages all countries and its member associations to adapt and promote strategies to ensure this.

Criteria for diagnosis

- The WHO criteria for diagnosis of diabetes mellitus in pregnancy and the WHO and the International Association of Diabetes in Pregnancy Study Groups (IADPSG) criteria for diagnosis of GDM should be used when possible.

Diagnosis of GDM

- Diagnosis should ideally be based on laboratory results of venous serum or plasma samples that are properly collected, transported, and tested. Though plasma calibrated handheld glucometers offer results that are less accurate and precise than those from quality-controlled laboratories, it is acceptable to use such devices for the diagnosis of glucose intolerance in pregnancy in locations where laboratory support is either unavailable or at a site remote to the point of care.

Management of GDM

- Management should be in accordance with available national resources and infrastructure even if the specific diagnostic and treatment protocols are not supported by high-quality evidence, as this is preferable to no care at all.

Lifestyle management

- Nutrition counselling and physical activity should be the primary tools in the management of GDM. Women with GDM must receive practical nutritional education and counselling that will empower them to choose the right quantity and quality of food and level of physical activity. They should be advised repeatedly during pregnancy to continue the same healthy lifestyle after delivery to reduce the 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 should be considered as safe and effective treatment options for GDM.

Postpartum follow-up and linkage to care

- Following a pregnancy complicated by GDM, the postpartum period provides an important platform to initiate beneficial health practices for both mother and child to reduce the future burden of several non-communicable diseases. Obstetricians should establish links with family physicians, internists, pediatricians, and other healthcare providers to support postpartum follow-up of GDM mothers and their children. A follow-up program linked to the child's vaccination and regular health check-up visits provides an opportunity for continued engagement with the high risk mother-child pair.

Future research

- There should be greater international research collaboration to address the knowledge gaps to better understand the links between maternal health and non-communicable diseases. Evidence-based findings are urgently needed to provide best practice standards for testing, management, and care of women with GDM. Cost-effectiveness models must be used for countries to make the best choices for testing and management of GDM given their specific burden of disease and resources.

"Reproduced from: Hod M, Kapur A, Sacks DA, Hadar E, Agarwal M, Di Renzo GC, et al. The International Federation of Gynecology and Obstetrics (FIGO) Initiative on Gestational Diabetes Mellitus: A Pragmatic Guide for Diagnosis, Management, and Care. Int J Gynecol Obstet 2015; 131 (Suppl 3):S173-212. Copyright FIGO, 2015."

Adolescent, Preconception and Maternal Nutrition Guidelines Recommendations

Below are a summary of the key points and recommendations highlighted throughout the document.

Recognizing the importance of nutrition

- FIGO calls for increased awareness of the impact of women's nutrition on themselves and future generations, and supports action to improve nutrition among adolescent girls and women of reproductive age.

Improving nutrition of adolescent girls and young women to reduce the global burden of Non Communicable Diseases (NCD)

- FIGO calls for greater attention to the links between poor maternal nutrition and NCDs in the next generation as a core component to meeting global health goals.

Focus on women's preconception health and nutrition for long-term benefits

- FIGO calls for public health measures to improve nutrition education—particularly for adolescents—and access to preconception services for women of reproductive age to assist with planning and preparation for healthy pregnancies, emphasizing the importance of healthy nutrition.

Recommendations for optimizing nutrition throughout the life cycle

- FIGO recommends that adolescent, preconception, and maternal nutrition should be part of a life course approach that views perinatal health within the context of women's overall health, and that

of their partners, and dismisses the artificial dichotomy between reproductive and non-reproductive health.

- Standard care should involve a wide range of healthcare providers working together, with a focus on nutrition, health, and lifestyle during adolescence and through a woman's reproductive life and beyond.

Providing advice about a healthy diet

- FIGO recommends promotion of a varied and healthy diet as the first step to meeting the nutrient needs of adolescent girls and women, with the provision of supplements or fortified foods when necessary.

Recommendations for adolescent girls and women prior to pregnancy

- FIGO emphasizes the importance of optimizing the nutritional status of adolescent girls and women and encouraging the adoption of good dietary and lifestyle habits before pregnancy.

Preconception bodyweight and BMI

- FIGO recommends that attention be paid to preconception body weight and BMI as modifiable risk factors with important effects on a woman's nutritional status: – Underweight women may be lacking in a number of important nutrients, and their diets should be carefully assessed and supplemented as required. – Overweight or obese women may have poor diets that are high in energy but low in nutritional value.

Preconception nutrient status and possible deficiencies

- FIGO recommends that micronutrient deficiencies are recognized and rectified through interventions, including dietary diversity, consumption of fortified foods, and supplementation as appropriate.

Preconception lifestyle and exposures

- FIGO strongly recommends that hazardous exposures and behaviors such as smoking, alcohol intake, or use of recreational drugs are avoided prior to conception, and definitely should be avoided in pregnancy because of the risk of detrimental effects on fetal nutrition, growth, and development.

Recommendations for pregnant women

- FIGO strongly recommends that pregnant women have early access to prenatal care to receive appropriate nutrition counselling and interventions, and treatment for conditions that jeopardize their pregnancy outcome, such as malaria, tuberculosis, HIV, gastrointestinal infections, and NCDs.

Gestational weight gain

- FIGO recommends that healthcare professionals take action to recommend and monitor appropriate gestational weight gain in relation to pre-pregnancy BMI. In resource-constrained settings, gestational weight gain monitoring should not occur at the expense of assessments such as blood pressure measurement, urine testing for protein, and abdominal examination.

Energy intake and physical activity in pregnancy

- FIGO recommends that pregnant women exercise moderately for at least 30 minutes per day. Most women should increase their dietary energy intake by approximately 340–450 kcal per day during the second and third trimester. Extreme exercise or hard physical labor should be avoided during late pregnancy.

Exposures to avoid during pregnancy

- FIGO calls for action to reduce exposure of adolescents and pregnant women to mercury, arsenic, lead, and cadmium, which can be ingested via food and water. These heavy metals can have detrimental effects on fetal growth and development.

Recommendations for the post pregnancy period

- FIGO recommends that the period that follows birth is used to improve the nutritional status of both mother and child. FIGO endorses the WHO recommendation of exclusive breastfeeding for the first six months of the infant's life.

Addressing women's rights and access to good nutrition

- FIGO supports the adoption of gender-sensitive policies to improve access to adequate and nutritious food for girls, adolescents, and women.

Focus on women's nutrition for a better future

- FIGO makes specific recommendations to achieve this goal, and advocates concerted action by a range of stakeholders including donors and international organizations to enact them. FIGO maintains that **THINKING NUTRITION FIRST** should be a priority in all countries.

"Reproduced from: Hanson MA, Bardsley A, De-Regil LM, Moore SE, Oken E, Poston L, et al. The International Federation of Gynecology and Obstetrics (FIGO) Recommendations on Adolescent, Preconception, and Maternal Nutrition: "Think Nutrition First." Int J Gynecol Obstet 2015; 131(Suppl 4):S213-254. Copyright FIGO, 2015."