International Federation of Gynecology and Obstetrics
The International Federation of Gynecology and Obstetrics (FIGO) is a unique organization, being the only international professional body that brings together 130 obstetrical and gynecological associations from all over the world.

FIGO is dedicated to the improvement of women’s health and rights and to the reduction of disparities in health care available to women and newborns as well as to advancing the science and practice of obstetrics and gynecology. The organization pursues its mission through advocacy, programmatic activities, capacity strengthening of member associations and education and training.
INEQUITIES

10/100,000

1000/100,000
Chair: G C Di Renzo
Expert members:
E Fonseca, Brasil
E Gratacos, Spain
S Hassan, USA
M Kurtser, Russia
F Malone, Ireland
S Nambiar, Malaysia
M Sierra, Mexico
K Nicolaides, UK
H Yang, China

Expert members ex officio:
C Fuchtnner, FIGO
M Hod, EAPM
GH Visser, SM Committee
E Castelazo, CBET Committee
L Cabero, WG GDM
V Berghella, SMFM
Y Ville, ISUOG
M Hanson, DOHaD, WG Nutrition
PP Mastroiacovo, Clearinghouse
JL Simpson, March of Dimes
D Bloomer, GLOWM
International Federation of Gynecology and Obstetrics
Working Group on the Challenges of Labour and Delivery

Chair: R Romero

Expert members:
D Farine, Canada
MT Gervasi, Italy
J M. Robson, Ireland
T Duan, China
S Rosales, Mexico
T Kimura, Japan
L Yeo, Korea-USA

Expert members ex officio:
C N Purandare, FIGO
G C Di Renzo, FIGO
M Stark, NESA
GH Visser, SM Committee
E Castelazo, CBET Committee
C Lees, RCOG
A Conde’ Agudelo, NIH NICHD
D Bloomer, GLOWM
International Federation of Gynecology and Obstetrics
March of Dimes
Working Group on Preterm Birth Prevention

Chairs: J L Simpson
       G C Di Renzo
Expert members:
Ernesto Castelazo
Mary D’Alton
Eduardo Fonseca
Chris Howson
Bo Jacobsson
James Martin
Jane Norman
T Y Leung

Expert members ex officio:
CN Purandare, FIGO
J Howse, March of Dimes
G Visser, SM Committee
D Bloomer, GLOWM
Jim Larson BCG
David Ferrero, BCG
International Federation of Gynecology and Obstetrics
GDM initiative

Chair: M Hod

Expert members:
Mukesh Agarwal
Blami Dao
Gian Carlo Di Renzo
Hema Divakar
Eran Hadar
Anil Kapur

Expert members ex officio:
CN Purandare, FIGO
GH Visser, SM Committee
D Ayres do Campo, SM Comm
L Cabero, CBET Committee
D Bloomer, GLOWM
R Fabienke, Novo Nordisk
Good practice advice

• Folic acid supplementation
• Prediction and prevention of preterm birth
• Non invasive prenatal diagnosis and testing
Good practice advice

- Thyroid diseases in pregnancy
- MgSO4 use in obstetrics
- Appropriate use of ultrasound in pregnancy
- Hyperglycemia and pregnancy
Good practice advice
finalised in June 2016

• Aspirin Use in Pregnancy
• Iron deficiency anaemia
• Management of Twin Pregnancy
• Micronutrients in Pregnancy
Good practice advice
to be discussed on December 2016

- Intrauterine growth restriction
- Recurrent Miscarriage
- Prediction of pre eclampsia
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

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

Taken from The International Federation of Gynecology and Obstetrics (FIGO) Initiative on Gestational Diabetes Mellitus: A Pragmatic Guide for Diagnosis, Management, and Care. Int J Gynaecol Obstet 2015;131:1 (Suppl 2) 117-8. The FIGO GDM Initiative (Phase 1) was funded with an unrestricted educational grant from Novo Nordisk.
All pregnant women should be tested for hyperglycemia. Universal testing by all member associations

WHO (2013) and IADPSG (2010) criteria for diagnosis of gestational diabetes must be used

Diagnosis of HDP should be on properly collected venous plasma samples. In developing countries a plasma calibrated hand held glucometer is acceptable

Management of HDP should be in accordance with available national resources and infrastructure
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

*Taken from the International Federation of Gynecology and Obstetrics (FIGO) Initiative on Gestational Diabetes Mellitus: A Pragmatic guide for diagnosis, management, and care
Int J Gynaecol Obstet 2018;158(Suppl 1):S7-12. The FIGO-GDM Initiative (Phase 1) was funded with an unrestricted educational grant from Novo Nordisk.*
FIGO Initiative on Gestational Diabetes

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

**Aims:**
- Frequent Follow Up
- Antenatal Care with a GDM trained healthcare provider
- Self-monitoring Blood Glucose for all pregnant women with diabetes

**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

Taken from The International Federation of Gynecology and Obstetrics (FIGO) Initiative on Gestational Diabetes: A Pragmatic Guide for Diagnosis, Management, and Care. (2016).
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

* Taken from The International Federation of Gynecology and Obstetrics (FIGO) Initiative on Gestational Diabetes Mellitus: A Practical Guide for Diagnosis, Management, and Care © 2020. The FIGO GDM Initiative Guide © 2020. All rights reserved. Adapted from FIGO-fact sheets.
Nutrition and physical activity counselling is a must and continue after birth also.

Insulin is added if lifestyle and diet modification does not control Hyperglycemia. Metformin and or glyburide may be used in 2nd and 3rd trimesters. Oral drugs may be first choice in 2nd and 3rd trimester.

Postpartum 8 weeks visit counselling and lifestyle modifications for mother and child is necessary.

Public health measures to increase awareness and acceptance of preconception counselling should be applied for all women planning pregnancy.
CONCLUSIONS
FOCUS ON GLOBAL STRATEGIES

AMELIORATE OUR PROFESSION OVERCOMING THE LIMITS OF NATIONAL SOCIETIES

GUIDELINES: THE BEST PRACTICE ADVICE

GLOBAL STRATEGIES FOR:

PRETERM BIRTH PREVENTION

NON COMMUNICABLE DISEASES

PREVENTING EXPOSURE TO TOXIC CHEMICALS
Gathering data on maternal mortality and maternal health is notoriously difficult.

However, one thing is clear from all the statistics: although maternal and perinatal mortality and morbidity is falling globally, the perspectives for women-infants in poor resources countries are much worst than for those in industrialised countries.
Pregnancy offers a window of opportunity to provide maternal care services to mother and offspring.

Reduce traditional maternal and perinatal morbidity and mortality indicators.

Address intergenerational prevention of preterm birth and NCDs, such as diabetes, hypertension, cardiovascular disease, and stroke.
On Sept 2015 the UN General Assembly adopted the “Agenda 2030: Transforming our World”, with a consensus of the World Government Community - introduced 17 sustainable development goals SDGs.

Many of the suggested SDG’s have Environmental and Reproductive health embedded in their goals.

The United Nations Sustainable Development Summit 2015 will be held from 25 to 27 September 2015 in New York and convened as a high-level plenary meeting of the General Assembly.
It is a sheer co-incidence that September 2015 witnessed the 20th anniversary of the Beijing World Conference on Women under the slogan -“**Planet 50-50 by 2030: Set it up for Gender Equality**”.

‘The Agenda 2030; Transforming our world’ or Planet 50-50 by 2030’ i.e. **SDGs** will not materialise without the contribution of 50% of its population i.e. women - This can be achieved only with gender equality, equal education and employment opportunities + providing sexual reproductive health and rights.

Reproductive Health and Rights will not be complete unless we improve environmental Health

**FIGO** was not and will not be a passive observer to bring about this required change and will act to make these dreams real for women.