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

GDM is on the rise globally.

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.

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 Gynecol Obstet 2015;131(Suppl 3):S173-212. The FIGO GDM Initiative (Phase I) was funded with an unrestricted educational grant from Novo Nordisk.
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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

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.

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

- Finances
- Human Resources
- Infrastructure Resources

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

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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

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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

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