



DIABETES HOLDS KEY TO MATERNAL HEALTH

Programmes directed at detection and management of gestational diabetes can have a positive impact on maternal and child health – not only in terms of the immediate benefit but also in the long term on the prevention of non-communicable diseases.

At present, the World Diabetes Foundation supports projects to create awareness about diabetes during pregnancy in Cameroon, Cuba, India, Jamaica, Panama, Sudan and the West Bank. In this work, the Foundation seeks to contribute to Millennium Development Goals 3, 4 and 5:



A major barrier for access to health care is inequality. Women are more disadvantaged than men in terms of access to healthcare and quality of nutrition. This is even more relevant for chronic diseases. Diabetes screening during pregnancy is an important window of opportunity for educating women about their own health as well as the health of their babies and families. Giving women the means to control their own health is an important empowerment tool.



Pregnancy associated with diabetes carries a high risk of perinatal morbidity and mortality. One complication is the big baby syndrome (macrosomia) which causes shoulder dystocia and related birth injuries for both mother and the newborn. Macrosomia is associated with higher weight in childhood and higher rates of obesity in adulthood.



Diabetes is an important cause for high-risk pregnancies, putting both the offspring as well as the mother at risk. Women with diabetes have a higher risk of spontaneous abortions and delivery complications such as obstructed and prolonged labour and consequent greater need for assisted delivery or caesarean section. These women are also at a higher risk of pregnancy induced hypertension and pre-eclampsia. Following childbirth, women with diabetes during pregnancy, have a higher risk of infections.



WORLD **DIABETES** FOUNDATION

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The World Diabetes Foundation will continue to advocate for increased awareness about the impact of diabetes on maternal and child health, because -

- The benefits of screening for and detecting diabetes during pregnancy are far-reaching. Not screening for diabetes during pregnancy – especially in women at high risk - is both a dangerous and a potentially costly strategy.

- While the burden of diabetes grows, there is no global recommendation on women, gender equality, and health specifically mentioning diabetes. Recommendations do call for action on non-communicable diseases, including research on the causes and consequences, and measures to ensure that women receive full information about options and access to services available. There is an urgent need to address the issue of diabetes in this context.

FACTS ABOUT DIABETES AND PREGNANCY

Diabetes in women

The prevalence of diabetes worldwide is increasing. Along with this, there is an increase in the form of diabetes that occurs during pregnancy, named gestational diabetes. Approximately half of the world's 246 million people with diabetes are women.

What is gestational diabetes?

Gestational diabetes is a type of diabetes that occurs in pregnant women not previously known to have diabetes. Women are screened between 24th and 28th week of pregnancy and if found to have raised blood sugar, they are diagnosed with gestational diabetes. The test can be performed with simple, easy-to-use equipment.

What about pre-gestational diabetes?

Pre-gestational diabetes is the term used for women who have diabetes prior to their pregnancy (gestation). Broadly speaking, the risks are the same for gestational and pre-gestational diabetes.

How widespread is gestational diabetes?

Worldwide, it is estimated that 3-15% of all pregnant women are affected by gestational diabetes. Figures from India, however, have found local prevalence rates as high as 17%.

What are the risks of diabetes during pregnancy?

Gestational diabetes entails risks for mother as well as for child, and contributes substantially to maternal and child morbidity and mortality. Furthermore, both mother and child risk developing diabetes later in life if appropriate preventive actions are not taken.

What can be done?

The glucose level can be controlled and kept at a healthy level. In up to 90% of the cases, optimum control can be obtained by diet and physical activity alone. In the remainder of cases, treatment with insulin may be needed.

RESULTS FROM SCREENING FOR GESTATIONAL DIABETES IN INDIA

From 2004 to 2008 the World Diabetes Foundation supported a pilot project to prevent, manage and control gestational diabetes in three selected areas in the state of Tamil Nadu, India.

PREVALENCE 12,056 pregnant women were screened for gestational diabetes in selected areas. The prevalence rates found were: 9.9% (rural), 13.8% (semi-urban) and 17.8% (urban).

PREVENTION Systematic counselling and follow-up by health care providers enabled approximately 90% of the women with gestational diabetes to manage and control their blood sugar level through diet and physical activity alone. Only 10% needed insulin.

HEALTHY BABIES The follow-up of the women with gestational diabetes resulted in a reduction of babies born with low birth weight (<2.5 kg) or with macrosomia (big babies >3.5 kg). Among 8,731 pregnancies enrolled in the project, 10% of the babies were born with low birth weight and 7% were born as big babies. These figures compare to 17% and 19% respectively for the entire state of Tamil Nadu.

SCREENING FOR ALL WOMEN. The government of Tamil Nadu recognises diabetes as a serious health problem. As a consequence of the evidence provided by this project, the government has extended screening for gestational diabetes to all 1,417 primary health centres in the state. Furthermore, the government subsidises each woman before and after delivery to ensure adequate nutrition and support during this important period.

