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)

**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

**Baby well-being** should be assessed through a simple fetal kick count technique or when resources are available through biophysical profile including cardiotocography

**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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