

GESTATIONAL DIABETES: A WINDOW OF OPPORTUNITY TO IMPROVE MATERNAL AND CHILD HEALTH

Gestational Diabetes Mellitus (GDM) refers to diabetes during pregnancy, an undertreated condition impacting nearly 18 million women every year.¹

Untreated GDM has serious consequences for maternal and newborn health, and increases the risk of developing diabetes and other non-communicable diseases (NCDs) later in life.² Timely diagnosis and treatment of diabetes in pregnancy offers an important window of opportunity—a chance to reduce short- and long-term health risks for women and children. Unfortunately, GDM has received relatively little attention as a public health priority.



Impact of GDM on Maternal and Child Health



14% of pregnancies globally
18 million live births a year¹

Short-Term Impact

Significantly increased risk of **maternal morbidity and mortality due to complications** such as excessive birth weight (macrosomia), hemorrhage, hypertensive disorders, obstructed labor and infection/sepsis²



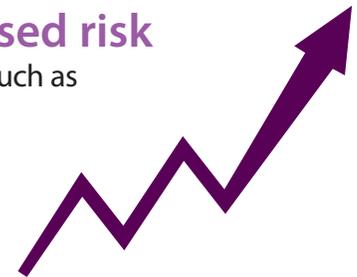
Higher likelihood of preterm birth,

a leading cause of death in children under 5³



Long-Term Impact

Highly increased risk of developing NCDs such as diabetes, obesity and hypertension²



About **50% of mothers with GDM** develop type 2 diabetes within 5 years⁴



“The cost of inaction against NCDs outweighs the cost of action for any country in the world today.”

World Health Organization Global Action Plan for the Prevention and Control of NCDs, 2013-2020

A child is **up to 8 times more likely to develop type 2 diabetes** if its mother had undertreated GDM⁵

8x

ADDRESSING GDM IN COLOMBIA

Lessons can be learned from a locally-managed GDM project in Barranquilla, Colombia called “Vida Nueva” or “New Life.”

The project’s holistic NCD-awareness and capacity-building approach has unlocked vast resources, demonstrating that relatively small investments to integrate GDM care into existing prenatal services can significantly improve standards of care.



Vida Nueva worked with the government to:

1. mandate GDM treatment guidelines for all public providers (a first in Colombia)
2. raise awareness among pregnant women
3. build the capacity of health workers and increase quality of care
4. improve patient support for Barranquilla’s most vulnerable population

The rate of GDM screening for pregnant women went from **5% to 97%** in three years



50-fold increase in GDM diagnosis



9 out of 10 women diagnosed with GDM received nutrition counseling



29% of women diagnosed had **no risk factors** for GDM, validating the need for universal screening

More than **1,250** local health workers were **trained** on the new GDM Guidelines



In recognition of *Vida Nueva's* achievements, the Colombia Ministry of Health recognized Barranquilla as a **national model city for diabetes care.**

To access the full case study, visit:

<http://www.worlddiabetesfoundation.org/what-we-do/pregnancy-and-diabetes-resources>



1. International Diabetes Federation. IDF Diabetes Atlas, 6th edn. Brussels, Belgium: International Diabetes Federation, 2013 p.44.
2. Kapur A, Links between maternal health and NCDs, Best Practice & Research Clinical Obstetrics and Gynaecology. 2015 Jan; 29(1): 32-42.
3. Vogel et al.: Maternal morbidity and preterm birth in 22 low- and middle-income countries: a secondary analysis of the WHO Global Survey dataset. BMC Pregnancy and Childbirth 2014 14:56.
4. Veeraswamy S, Vijayam B, Gupta V, Kapur A. Gestational Diabetes: The Public Health Relevance and Approach, Diabetes Research and Clinical Practice (2012) p.350-358.
5. Clausen, T. D., Mathiesen, E. R., Hansen, T., Pedersen, O., Jensen, D. M., Lauenborg, J., & Damm, P. (2008). High prevalence of type 2 diabetes and pre-diabetes in adult offspring of women with gestational diabetes mellitus or type 1 diabetes the role of intrauterine hyperglycemia. Diabetes care, 31(2), 340-346.