

26th International

DIABETES AND HEALTHCARE CONFERENCE

November 26-27, 2018 Helsinki, Finland

Management of blood sugar degrees in hyperglycemia in pregnancy (HIP) reduces perinatal, infant morbidity and mortality as an end result of a large prospective cohort learn from India

Rajesh Jain, Susanne Olejas and Anil kapur
Jain Hospital, India

Background: Gestational Diabetes Mellitus (GDM) is a glucose intolerance that occurs or is identified for the first time all through pregnancy. Perinatal & neonatal morbidity mortality is significant in pregnant women in GDM with extra hazard of growing diabetes later in life. Uttar Pradesh is a largest state of India with one of the highest rate of the infant as well as maternal mortality which might be at least partially due to GDM. Thus, careful evaluation, administration & training of HCPs for GDM can improve the outcomes in National Health Mission supported Govt funded Program.

Aims and Objectives: Primary objective of this find out about used to be to determine the incidence of GDM and evaluate the maternal and fetal result in Uttar Pradesh. Thus, this study was once undertaken to recognize the extent of the burden on the Healthcare, earlier than the scope of intervention ought to be defined.

Materials and Methods: A potential find out about (September 2012-October 2017) was executed at 806 CHCs & PHCs Healthcare facilities. 223446 pregnant women have been screened at 16-20 weeks & 24th-28 weeks of pregnancy as per guidelines of National Health Mission, GOI & Federation of Obstetric and Gynecological Societies of India (FOGSI).

Results: >76% of pregnant women did now not recognize about GDM. Prevalence of GDM used to be 11.12%. Stillbirth, perinatal & neonatal mortality have been respectively 2.6, 2.2 & 2.7 instances greater in GDM. Most of the GDM used to be identified in primigravida (52%). Congenital malformation was once nine instances higher, low birth weight (LBW) was 32% in GDM (14% in non-GDM). GDM find instances had 22.7% wonderful household history of diabetes (compared to 6.5% in non-GDM). Relative dangers for PBU admission, LGA (large for gestational age), Low birth weight (LBW), pre-eclampsia and jaundice were also higher.

Conclusion: All the pregnant women want screening in public facilities & implementation of National Health Mission, GOI guidelines for GDM has to be followed to improve outcome for mother and newborn. As the lack of information about GDM amongst pregnant women is high, to decrease the risk, Awareness & Implementation of Guidelines is key thrust area.

Biography

Rajesh Jain is a chairman at Jain Hospital & Project Manager, Gestational Diabetes Prevention Control Project, UP, NHM, India in Collaboration with World Diabetes Foundation, Denmark. He is the faculty in RSSDI, DIPSI, Diabetes India, SAIDIP at National & International Conference, Technical Advisor in Diabetes & NCD to Uttar Pradesh Ministry of Health and Family Welfare, NRHM (National rural Health mission), MOHFW, and Gov. of India. Ex. Medical officer with World Health Organization (WHO), Author of Book "AVATAR"

Notes: