Open Access

Following Gestational Diabetes Mellitus, a Centers for Disease Control and Prevention-Recognized Diabetes Prevention Program

Michelle Lende*

Department of Diabetes, University of Alabama, Tuscaloosa, AL 35487, USA

Abstract

Type 2 diabetes mellitus is more likely to develop from gestational diabetes mellitus. Postpartum care should include a recommendation that the individual participate in a recognized Diabetes Prevention Program in order to either reduce or delay the risk of developing type 2 diabetes mellitus after gestational diabetes mellitus. We are motivated to advocate for the implementation of an evidence-based program to prevent diabetes mellitus in groups of individuals with a history of gestational diabetes mellitus, given the background of prediabetes mellitus, which affects 96 million people and the rising prevalence of diabetes mellitus in the United States. We recommend that pregnant women with gestational diabetes mellitus participate in a Center for Disease Control and Prevention - recognized Diabetes Prevention Program during the immediate postpartum period or initial healthcare encounter to lower their risk of type 2 diabetes and potentially recurrent gestational diabetes mellitus.

Keywords: Gestational diabetes mellitus • Disease control • Diabetes prevention program

Introduction

Type 2 diabetes mellitus is more likely to develop from gestational diabetes mellitus. Postpartum care should include a recommendation that the individual participate in a recognized Diabetes Prevention Program in order to either reduce or delay the risk of developing type 2 diabetes mellitus after gestational diabetes mellitus [1].

We are motivated to advocate for the implementation of an evidence-based program to prevent diabetes mellitus in groups of individuals with a history of gestational diabetes mellitus, given the background of prediabetes mellitus, which affects 96 million people and the rising prevalence of diabetes mellitus in the United States. We recommend that pregnant women with gestational diabetes mellitus participate in a Centers for Disease Control and Prevention - recognized Diabetes Prevention Program during the immediate postpartum period or initial healthcare encounter to lower their risk of type 2 diabetes and potentially recurrent gestational diabetes who participate in a program to modify their lifestyle through increased physical activity and dietary changes and lose a significant amount of weight may be able to delay or prevent the onset of type 2 diabetes.

According to the Centers for Disease Control and Prevention - recognized Diabetes Prevention Program trial, people who changed their lifestyles had a 60% lower risk of developing type 2 diabetes than those who took a placebo. Individuals with gestational diabetes mellitus who were at a high risk of developing type 2 diabetes were included in the study groups. Diabetes Prevention Program has been found to be an effective method to induce behavioral changes, weight reduction and reduction of cardiometabolic risk factors in general, particularly for individuals with a history of gestational diabetes mellitus. Several other studies using the Diabetes Prevention Program model demonstrated that a

*Address for Correspondence: Michelle Lende, Department of Diabetes, University of Alabama, Tuscaloosa, AL 35487, USA, E-mail: michellelende@gmail.com

Copyright: © 2023 Lende M. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

Received: 02 January, 2023, Manuscript No. jdcm-23-90490; **Editor assigned:** 04 January, 2023, PreQC No. P-90490; **Reviewed:** 17 January, 2023, QC No. Q-90490; **Revised:** 23 January, 2023, Manuscript No. R-90490; **Published:** 31 January, 2023, DOI: 10.37421/2475-3211.2023.08.196

7% weight reduction via lifestyle modification could significantly reduce the risk of developing type 2 diabetes [3]. Gestational diabetes mellitus is any type of intolerance to glucose or carbohydrates that first appears or is recognized during pregnancy. Between 24 and 26 weeks of pregnancy, the US Preventive Services Task Force recommends routine antenatal glucose screening for gestational diabetes mellitus. Gestational diabetes mellitus affects two to ten percent of pregnancies in the United States and increases the likelihood of developing type 2 diabetes by 35 to sixty percent over the next ten to twenty years.

Numerous clinical associations including the American Diabetes Affiliation have energized medical care experts to allude their high-risk patients to a way of life change program, like the one presented through the Public Diabetes Prevention Program. A new report showed that HCPs who knew about way of life change Diabetes Prevention Program and mindful of accessible projects were bound to make Diabetes Prevention Program references. There is likewise proof that patients who were alluded to a way of life change program by their HCP were bound to join the program. Sadly, as per the Centers for Disease Control, 80% of patients with prediabetes mellitus have no information on their finding and just 5% of patients with prediabetes mellitus or at high gamble of type 2 diabetes get references to a program for way of life change. As of now, after a gestational diabetes mellitus mpacted pregnancy, to assess tenacious or intermittent glucose bigotry, the post delivery proposal is to play out an oral glucose resilience test somewhere in the range of 4 and 12 weeks after conveyance and ensuing sequential oral glucose resilience test at 1-to-3-year spans [4].

In the absence of treatment, type 2 diabetes will affect up to 70% of gestational diabetes mellitus patients. Preeclampsia, cesarean delivery, fetal macrosomia, neonatal hypoglycemia, hyperlipidemia, shoulder dystocia, birth trauma and stillbirth are all more common in people with gestational diabetes mellitus. Additionally, gestational diabetes mellitus affected children are more likely to develop obesity as adults and as children. A desirable and realizable Diabetes Prevention Program goal for public health is to reduce the risk of type 2 diabetes and, possibly, the recurrence of type 2 diabetes.

Type 2 diabetes is the seventh leading cause of death in the United States and its prevalence is expected to rise to 700 million. Prevention is essential which according to the Diabetes Prevention Program and other studies, it can be accomplished through dietary modification and physical activity. The American Heart Association defines plant-based as a style of cooking and eating that emphasizes plant foods but is not strictly limited to them. Although meat may be present, it is typically not the primary component of the meal. Large prospective study of plant-based eating found that those who ate the healthiest plant-based diet had a 34% lower risk of developing diabetes than those who ate the least.9 Two meta-analyses of controlled trials found that vegetarian and vegan diets can reduce HbA1c by an average of 0.3–0.4% in people with type 2 diabetes However, there have been no Diabetes Prevention Program studies that are based on plant-based diets [5]. The primary objectives of this study were to investigate the acceptability of a worksite plant-based diabetes prevention program's curriculum, recruitment and participant retention and feasibility. Over the course of 13 weeks, the secondary objectives were to investigate changes in blood glucose, plant-based food consumption, psychosocial determinants of behavior change, physical activity and weight.

Conclusion

The program's introduction of a plant-based diet was a major draw and it was not a barrier to enrollment. It pleased participants from a variety of cultural backgrounds. Participants reported that providing plant-based lunches was helpful. Taking into account the expanded admission in utilization of more sound plant food sources and diminished admission of less solid plant food varieties and creature food varieties and that declines in admissions of desserts/treats, refined grains and meat were essentially connected with weight reduction, recommend that a plant-based diet approach might be helpful in Diabetes Prevention Program. Even though Diabetes Prevention Program is available during the lunch hour, none of them offer a meal as an educational tool. To make it easier to change one's diet, future Diabetes Prevention Program might think about including a food component.

Acknowledgement

None.

Conflict of Interest

None.

References

- Henderson, Cassandra E, Hasan Nezam and Katia Montserrat Castillo. "Centers for disease control and prevention-recognized diabetes prevention program after gestational diabetes mellitus." AJOG Global Reports 3 (2023): 100150.
- Clark, Mieshia S "A staff educational model for prevention of type 2 diabetes in the primary care setting." PhD diss, Walden University (2020).
- Whetstone, Sara, William Burke, Sangini S Sheth and Rebecca Brooks, et al. "Health disparities in uterine cancer: Report from the uterine cancer evidence review conference." *Obstet Gynecol* 139 (2022): 645.
- Chelmow, David, Rebecca Brooks, Arjeme Cavens and Kathryn Huber-Keener, et al. "Executive summary of the uterine cancer evidence review conference." Obstet Gynecol 139 (2022): 626.
- Siegel, Karen R, Kai McKeever Bullard, Giuseppina Imperatore and Mohammed K. Ali, et al. "Prevalence of major behavioral risk factors for type 2 diabetes." *Diabetes Care* 41 (2018): 1032-1039.

How to cite this article: Lende, Michelle. "Following Gestational Diabetes Mellitus, a Centers for Disease Control and Prevention-Recognized Diabetes Prevention Program." *J Diabetic Complications Med* 8 (2023): 196.