

Gestational Diabetes Update

By

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Introduction

Key Points:

Brief introduction of gestational diabetes

Meta-analysis and CGM studies in understanding and managing gestational diabetes

Gestational Diabetes and Adverse Pregnancy Outcomes: A Meta-Analysis

Key Points:

Objective:
Investigate the association between gestational diabetes and adverse pregnancy outcomes

Methodology:
Systematic review and meta-analysis

Participants:
7,506,061 pregnancies



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Meta-Analysis Findings - Adverse Outcomes

Key Points:

- Increased odds of preterm delivery, caesarean section, infants born large for gestational age, neonatal intensive care unit admission, neonatal hypoglycemia, and hyperbilirubinemia



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Meta-Analysis Findings - Stillbirths and Respiratory Distress

Key Points:

- Increased odds of neonatal respiratory distress in cases where insulin was used
- Gap in data on stillbirths

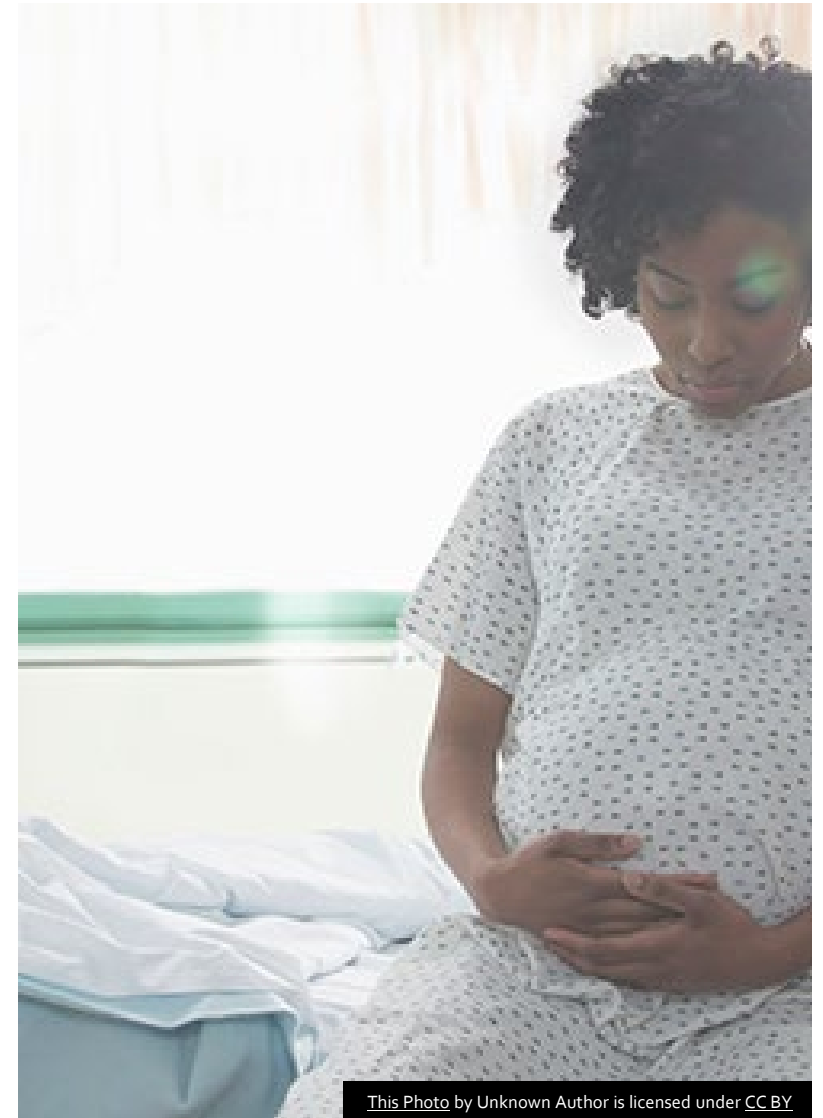


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Meta- Analysis Implications for Ob/Gyns

Key Points:

- Risk assessment and patient education
- Importance of preventive measures
- Resource allocation for specialized neonatal care



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CGM Study 1 Overview

Title: Continuous Glucose Monitoring and Adverse Pregnancy Outcomes

Key Points:

- Objective: Evaluate CGM-derived metrics in identifying higher risks
- Methodology: Prospective cohort study
- Participants: 1,302 pregnant women



CGM Study 1 Findings

Key Points:

CGM-derived metrics may help identify individuals at higher risk of adverse pregnancy outcomes such as preterm delivery and caesarean section



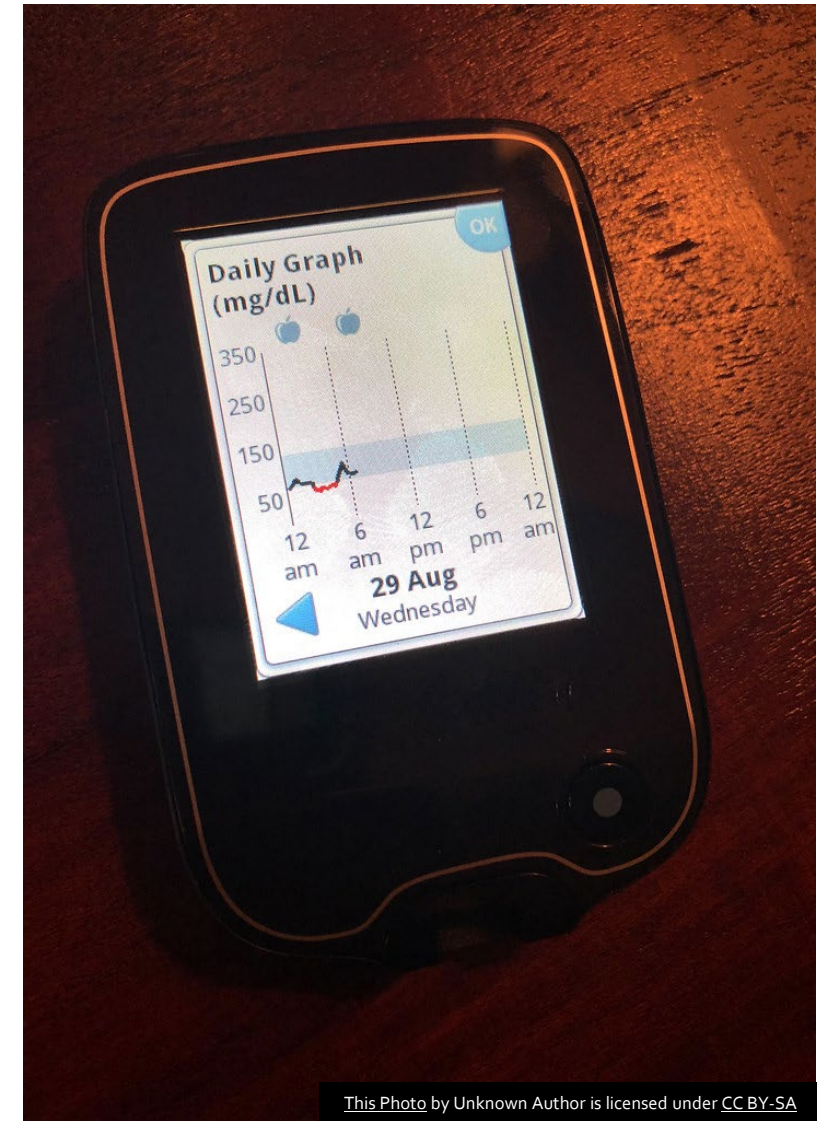
CGM Study 2 Overview

Title: CGM vs. OGTT for GDM Diagnosis

Key Points:

Objective: Compare the tolerability of CGM and OGTT for GDM diagnosis

Methodology: Survey-based study

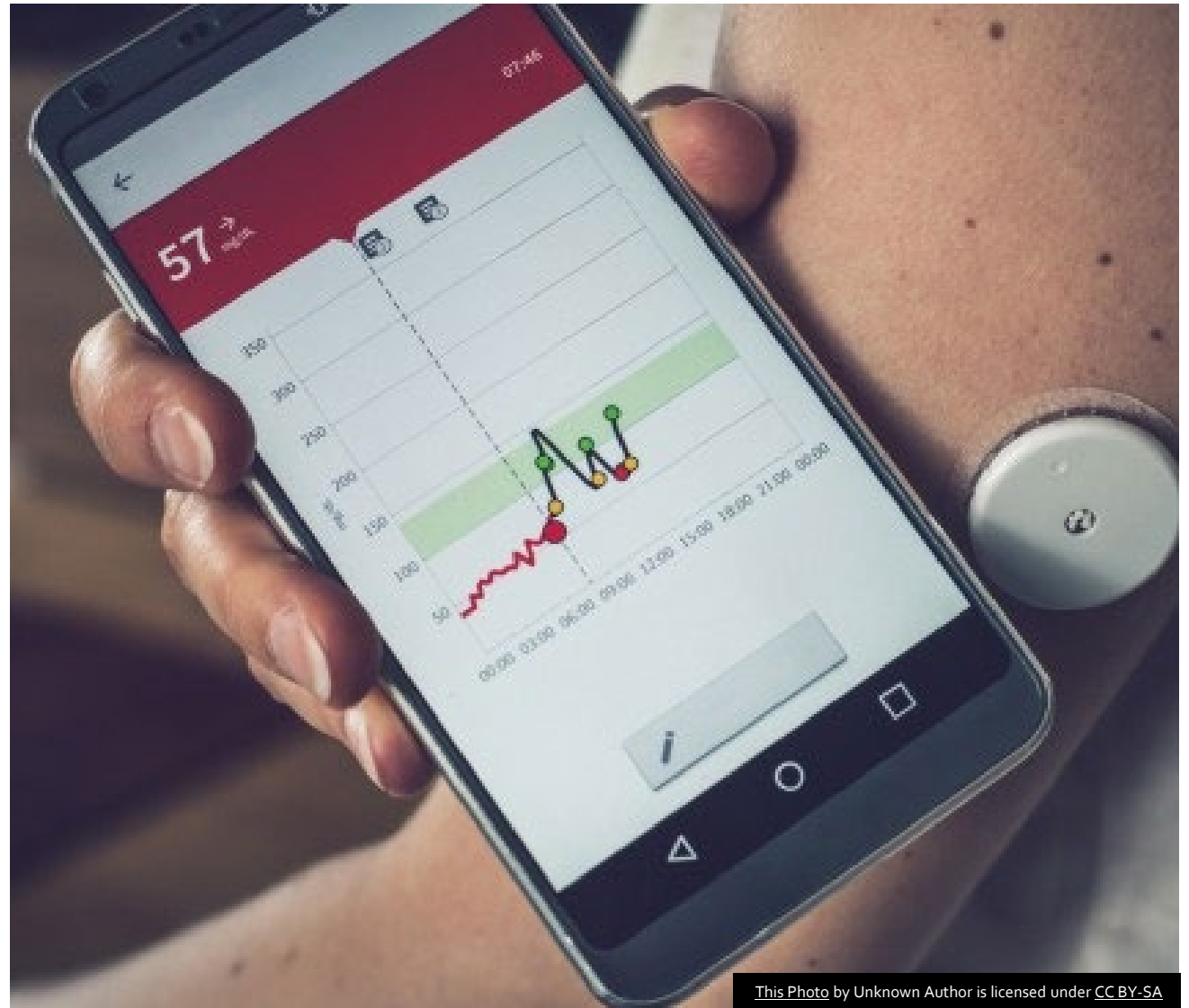


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CGM Study 2 Findings

Key Points:

CGM was better tolerated than OGTT for GDM diagnosis, suggesting it could be a preferred method for some women



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Evidence Based Recommendations for Patients

Nutrition

- 1. Balanced Diet:** Encourage a diet rich in fruits, vegetables, and whole grains.
- 2. Carbohydrate Monitoring:** Advise on the importance of monitoring carbohydrate intake to control blood sugar levels.

Physical Activity

- 1. Regular Exercise:** Recommend at least 30 minutes of moderate exercise most days of the week (150 hours per week).
- 2. Consult Before Starting:** Always consult healthcare providers before starting any new exercise regimen.

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Evidence Based Recommendations for Patients

Stress Reduction

Mindfulness and Relaxation: Techniques such as mindfulness and meditation can help in stress reduction, which is crucial for blood sugar control.

Adequate Sleep: Emphasize the importance of adequate sleep for overall well-being and blood sugar control.

Continuous Glucose Monitoring (CGM)

Real-Time Monitoring: Discuss the benefits of using a CGM for real-time blood sugar monitoring.

Data-Driven Decisions: Explain how CGM can help in making informed decisions about diet and medication.



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Evidence Based Recommendations for Patients

Medication and Treatment

Insulin Therapy: For some women, insulin injections may be necessary. Educate them about the proper techniques and timing.

Regular Check-ups: Stress the importance of regular prenatal check-ups for monitoring both maternal and fetal well-being.

Specialized Care

High-Risk Monitoring: For those identified as high-risk based on CGM metrics or other factors, recommend more frequent monitoring.

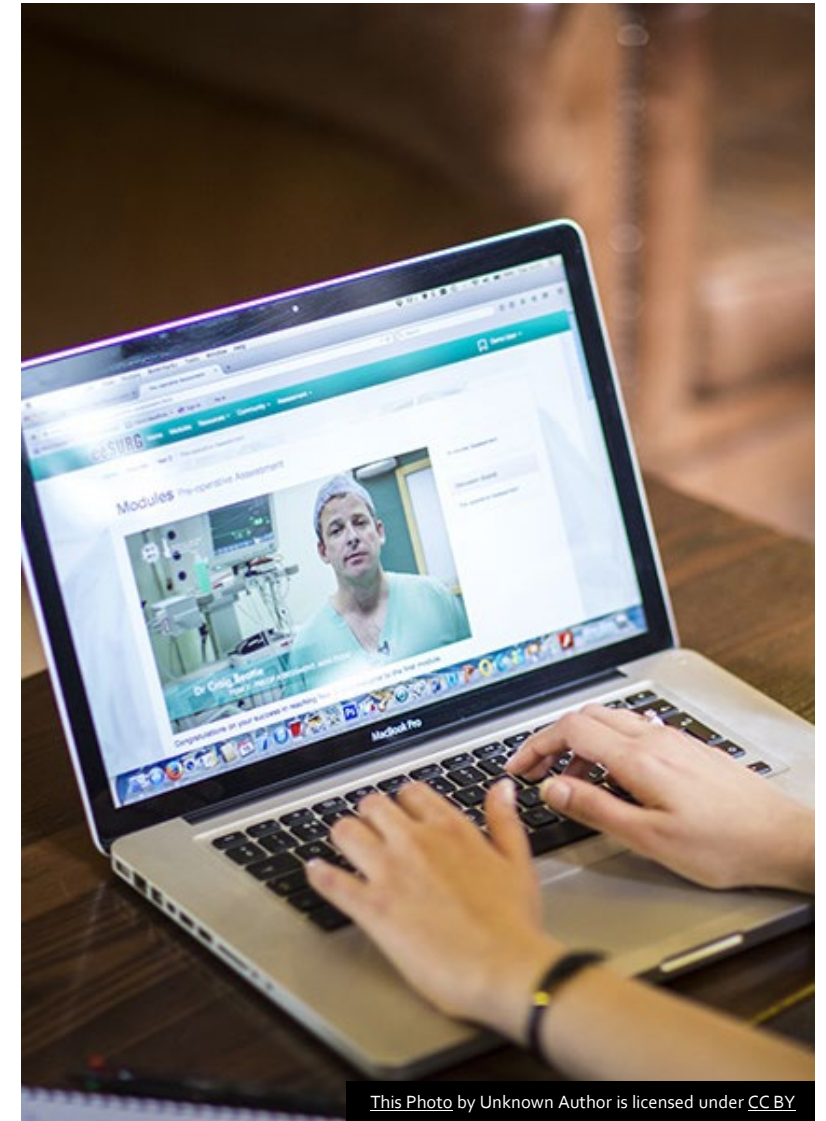
Neonatal Care: Prepare patients for the possibility of specialized neonatal care post-delivery in some cases.

Evidence Based Recommendations for Patients

Patient Education

Self-Management: Educate patients on managing gestational diabetes, including how to monitor blood sugar levels and administer insulin if needed.

Postpartum Care: Discuss the need for glucose testing postpartum and the risk of developing type 2 diabetes later in life.



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Questions & Discussion

Key Points:

Open floor for
questions and
further discussion

