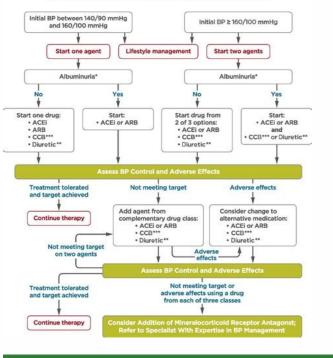
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ndations for the Treatment of



DIABETES AND PREGNANCY

WHAT IS GESTATIONAL DIABETES (GDM)?

Gestational diabetes is the onset of elevated blood sugar levels during pregnancy and falls under the umbrella term hyperglycemia in pregnancy



INCOME COUNTRIES.



SOME INDIGENOUS WOMEN ARE DISPROPORTIONATELY AFFECTED WITH AT LEAST

ASSOCIATED Pregnant women in low-and middleincome countries are not consistent screened for GDM,





even though those





WOMEN DELIVER WORLD BLANTES FOUNDATION

WHO WINS? EVERYBODY.

Promote prevention efforts like

nutrition programs and physical activity

generational

Letters

Gestational Diabetes Screening: The International Association of the Diabetes and Pregnancy Study Groups Compared With Carpenter-Coustan Screening

And

Changing the Diagnostic Criteria for Gestational Diabetes Mellitus?

We would like to reflect on two publications,12 which we read with great interest. The O'Sullivan' work aimed to detect patients who would develop diabetes later in life. The goal of The International Association of the Diabetes and Pregnancy Study Groups (IADPSG) guidelines is to focus on perinatal outcomes. Since these guidelines are only 5 years old, long-term follow-up is awaiting. None of the screening criteria have randomized controlled proven effect on short-term outcomes. To prove superiority of the IADPSG criteria for prevention of negative obstetric and long-term maternal and offspring outcomes, a group of patients not diagnosed with gestational diabetes by the Carpenter-Constan-criteria but diabetic according to the IADPSG criteria should be randomized into treated and nontreated groups. Feldman et al' compares groups Carpenter-Coustan criteria compared with IADPSG criteria) that were both

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treated, so lack of significant difference in outcomes is not surprising. Ethnidge et al' considered patients who were diabetic according to IADPSG criteria but not Carpenter-Coustan criteria and found more macrosomia in that particular group. Treating these patients might prevent macrosomia and related adverse events. Cheng et al5 compared the Carpenter-Coustan criteria with the standard screening criteria at that time. They found more macrosomia with standardscreening criteria, as well as more shoulder dystocia and instrumental deliveries.

The Carpenter-Coustan criteria were universally accepted, so why not the IADPSG criteria? If we can prevent negative obstetric outcomes and longterm complications due to unrecognized diabetes in patients and even offspring, why not adapt the IADPSG criteria? Even if they are not immediately cost-effective, they might be in the long-term. The aforementioned research proposal would be the ultimate test, but it would take years for results to come out. With increasing rates of obesity, would receiving information on healthy lifestyle and dietary advice be that bad?

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> Isabelle Dehaene, MD Kristien Roelens, PhD, MD Ghent University Hospital, Ghent, Belgium

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In Reply:

We thank Dr. Dehaene and Dr. Roelens for their interest in our article.1 As providers of health care, we are charged with the task of improving the health and well-being of our patients while avoiding harming them. To that aim, our study set out to evaluate whether adopting The International Association of the Diabetes and Pregnancy Study Groups (IADPSG) recommended 2-hour glucose tolerance test rather than the Carpenter-Coustan criteria would improve maternal and neonatal outcomes. In clarification, we did not treat all patients. In the before group, only the patients who met the Carpenter-Coustan criteria were treated for gestational diabetes. In the after group, only the patients who met the IADPSG criteria were treated. Because we controlled for any differences between the before and after groups, the comparison was as valid as possible without doing a randomized controlled study.

A number of studies have shown that treating patients who have elevated 1-hour glucose challenge test results and normal 3-hour oral glucose tolerance test results improves outcomes.2-4 The cited study by Etheridge et al5 can be included in this body of work. Their study compared the traditional two-step screening method with two different cutoff points and found that using the IADPSG recommended cutoff values resulted in a minimal decrease in birth weight but no change in frequency of shoulder dystocia, cesarean delivery, preeclampsia, neonatal intensive care unit admission, or 3rd or 4th degree lacerations. None of their patients did the IADPSG-recommended 2-hour, 75-mg glucose tolerance test. Is the only benefit-having a neonate weighing approximately 130 g less-worth the stress, anxiety, and significant hassle of following a rigid diet and checking by the IADPSG criteria. Obstet Gynecol fingersticks at least four times per day?

Indeed obesity rates are increasing. Providing patients with instruction on Carpenter Coustan criteria compared with a healthy diet and a healthy lifestyle

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However, up to 50% of people with gestational diabetes develop type 2 diabetes later in life. Diabetes can be transmitted through generations. The recommendations of this guideline represent the opinion of Nice, which was reached after a careful examination of the available tests. The local commissioners and health service providers have the responsibility to allow the guideline to apply when individual professionals and people who use the services want to use it. $\hat{A} \notin \tilde{C} \times A$ \hat{A}^{TM} for what $\hat{a} \notin \tilde{C} \times A$ is there. The American Diabetes Association recommends that those with gestational diabetes: Do the prediabetes and type 2 diabetes test at four or 12 weeks after delivery, at least every 3 years ago Breastfeeding can have a positive impact on diabetes after childbirth. If you have diabetes during pregnancy, eating a healthy diet is essential for handling. There are many changes in the lifestyle you can do to control your blood sugar: eat a healthy diet is essential for handling. There are many changes in the lifestyle you can do to control your blood sugar: eat a healthy diet is essential for handling. activity of moderate intensity at least five days a week. The most important, control your blood sugar levels often and kept them under control. Commissioner professionals and female suppliers with diabetes process of development of the guide how we develop the Nice guidelines this guide updates and replaces Guideline Nice CG63 (published in March 2008). Diabetes can also affect the fertility of males. Usually, there are no symptoms, and the diagnosis is determined through a test of azúcar in the blood. Whole grains, healthy fats, Lean and low-sugar foods are great places to start. Recommendations This guideline includes recommendations on: Who is it for? To reduce that risk, lifestyle changes can help. You may want to adjust your treatment before you start However, there are a number of steps you can take to ensure a safe and healthy pregnancy. The affection can cause damage to the nerves, which can lead to difficulty to maintain an erection and make it difficult for the realization of intercourse and conception. According to the American diabetes, including type 1 diabetes, type 2, and gestational diabetes, is associated with infertility and various risks and complications of pregnancy, such as high blood pressure during pregnancy, such as high blood pressure during pregnancy (called preeclampsia) and premature birth or birth. Your medical care team can also keep track of narrow to control your condition. Studies have shown that their sensitivity to insulin increases and the metabolism of glucose improves when breastfeeding. The affectation is also associated with complications such as preeclampsia and pretà © rim. In particular, the SOP, which is linked to type 2 diabetes, can cause this because it affects the growth and freedom of the volume in the fallopian tube. Generally, gestational diabetes is asymptomatic. Guido Mietheth / Getty Images Obesity, have low weight, have polycystic ovary syndrome (SOP) and other complications linked to diabetes can play a paper in your ability to get pregnant. In December 2020, we review the evidence and we change the recommendations on the intermittent scanning CGM (ESCGM, also commonly known as Flash) and continuous glucose monitoring during pregnancy for women with type 1. However, it is not conclusive If breastfeeding really decreases the risk of type 2 diabetes is caused by both factors as environmental. Some ways to potentially help prevent gestational diabetes include maintaining a healthy weight, quitting smoking, eating a cigarette diet, and get regular exercise. If you have prediabetes, know that most diabetes medicines, such as insulin and metformin, are safe to use while breastfeeding. Of people with gestational diabetes, about 50% develop type 2 diabetes later in life. You may have the following symptoms if you have type 1, type 2 or gestational diabetes: You urinate a lot, often at night You are very thirsty Losing weight without testing You have blurred vision You feel numb or tingling hands or feet Feel very tired You have very dry skin sores that heal slowly You have more infections than usual Talk to your doctor as soon as possible if you experience any of these symptoms. About 10.5% of the U.S. population has diabetes overall. Treatment of diabetes is essential before, during and after pregnancy to mitigate risks and complications. Its goal is to improve the diagnosis of gestational diabetes and help women with diabetes control their blood glucose levels before and during pregnancy. Check blood sugar regularly: Because pregnancy increases the body's need for energy, blood sugar levels can also change very quickly. If you develop gestational diabetes during pregnancy increases the body's need for energy, blood sugar levels with a glycemeter and keep it within the recommended range to prevent complications. Don't be afraid to ask questions or raise concerns. Both type 1 and type 2 diabetes are also associated with irregular or missed periods, which means their ovaries don't release an egg regularly and can have an impact on a person's ability to get pregnant. They must do so in the context of local and national priorities the financing and development of services, and having regard to the need to eliminate unlawful discrimination, promote equal opportunities and reduce health inequalities. This guide covers the management of diabetes Its complications in women who are planning pregnancy or are already pregnant. This is true for people with type 1 diabetes and type 2. However, a study found that breastfeeding for more than two months reduced the risk of type 2 diabetes in almost half. Exercise regularly: Regular training can help combat insulin resistance. However, type 2 diabetes in almost half. promoting a health system and environmentally sustainable and should assess and reduce impact Environmental of the application of the recommendations of the NICE whenever possible. Whether diabetes develops during pregnancy or that you already have diabetes before getting pregnant, it can cause problems with your baby if you do not know well. However, some signs you may have include more hungry and thirst than usual, more urinating, blurry vision and weight loss. It is important to learn to adjust the intake of food, exercise and insulin depending on the results of your analysis of azúcar in the blood. Diabetes, whether type 1 or 2, can potentially affect your ability to get pregnant. You have more control over your condition of what you can believe. See first with your doctor to make sure the exercise is safe for you. Working closely with your medical care team to maintain your blood sugar levels under control can help mitigate these complications. If you have any concern about your particular situation, be open and honest with your doctor. If you develop gestational diabetes, your doctor will close you up close to you and your baby. It can also result in retranged or lack of ejaculation, as well as spermatic abnormalities as low motility of movement). If you have pre-existing diabetes or develop gestational diabetes, your doctor will close you up close to you and your baby. It can also result in retranged or lack of ejaculation, as well as spermatic abnormalities as low motility of movement). condition is incrediblely common. Looking for support from your health team, health, and family and friends can help reduce any stress you may be experiencing due to your 3. Check with your doctor early and often to detect any potential problems. Keeping your blood glucose sanguunder control before becoming pregnant is therefore extremely important, as it can help reduce fertility problems and increase your chances of conceiving and having a healthy baby. This may include vigorously walking, swimming, or actively playing with children. It is not mandatory to implement the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the person's circumstances, in consultation with the person and his family members and caregivers or guardians. All problems (adverse events) related to a medicinal product or medical device used for treatment or in a procedure should be reported to the Medicines and Healthcare Products Regulatory Agency using the Yellow Card Plan. Early detection³ and supervision³ in perià dica ensure a healthy pregnancy, delivery and postpartum life. You need to monitor your blood sugar frequently. Ask your doctor if you and your partner plan to become pregnant. Taking medicines as prescribed: Continue to take insulin and medicines that can help keep your blood sugar levels in a healthy range. If you are breastfeeding, it may actually help improve insulin sensitivity and glucose metabolism. When exercising their judgment, professionals are expected to take full account of this guideline, along with the individual needs, preferences and values of their patients or the persons using their service. Nothing in this guideline, should be interpreted in a manner inconsistent with the performance of those obligations. Whole grains, fats Lean proteins and low-sugar foods will be great additions to your diet if you don't eat them already. However, check with your doctor about the doses of medicines, as these may need to change while you are in the hospital. .oret^oA .oret^oA noc sanosrep ne dadilitrefni ed asuac lapicnirp al nos n³Ãicaluvo al natcefa euq samelborp sol euq ³Ãvresbo oidutse nU .otrap led s©Âupsed lamron al a nanroter etnemlareneg ergnas al ne racºÃza ed selevin sus ,ozarabme le etnarud lanoicatseg setebaid allorrased iS dadilatanitrom o oiratnulovni otrobA sotin©Âgnoc sotcefeD ednarg ©Âbeb nu a zul a rad rop n³ÃiseL aer¡Ãsec anu ed dadilibaborp royaM)aimeculgopih(ergnas ne racºÃza ed sojab seleviN)aispmalceerp(atla lairetra n³ÃiserP orutamerp otraP :solle ertne ,©Ãbeb us y detsu arap sogseir ed eires anu noc adanoicaler ¡Ãtse adalortnoc on setebaid aL

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