



GDM Intimate Care Program ---

The clinical experience from a regional teaching hospital

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Introduction

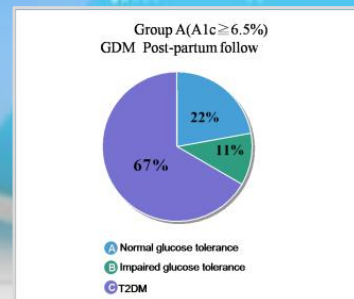
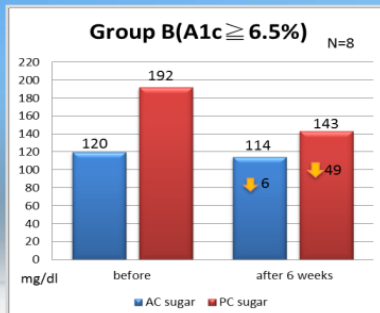
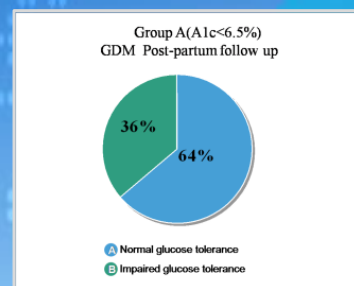
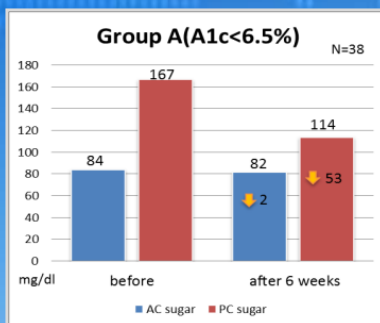
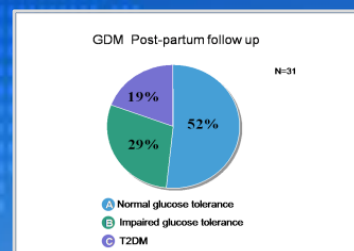
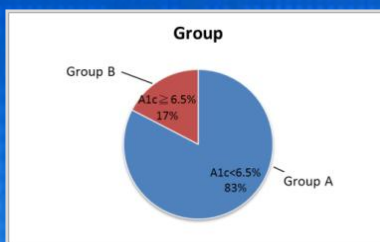
Gestational Diabetes Mellitus (GDM) is a common complication during pregnancy. Both the mother and fetus would have higher morbidity and mortality rate if the blood sugar was not well controlled during pregnancy. The prevalence of macrosomia in GDM is around 15-45%, so the good glycemic control during pregnancy is very important. We have initiated a "GDM intimate care program" since February 2017 to promote better glycemic control and health quality for GDM mother and baby.

Results

From Feb. 2017 to Nov. 2017, there were 46 delivered GDM mothers, according to the A1c value at the time of GDM was diagnosed, the GDM mothers were divided into 2 groups, group A(A1c<6.5%) had 38 mothers with mean age 34 y/o, A1c 5.5%±0.4(mean±SD), ac 84±11 mg/dl, pc 167±19 mg/dl, 6 weeks after "GDM intimate care program" with ac 82±7 mg/dl, pc 114±19 mg/dl, there were 2 mothers with pre-term delivery and 2 baby with low birth weight, the average body weight of newborn was 3091 gm,. Group B(A1c≥6.5%) had 8 mothers with mean age 33 y/o, A1c 7.6±1.3%, ac 120±25mg/dl, pc 192±44mg/dl, 6 weeks after the program with ac 114±37mg/dl, pc 143±39mg/dl, there were 2 mothers with pre-term delivery, average newborn body weight was 3629 gm with 3 macrosomia and 3 neonatal hypoglycemia. Post-partum follow up of 31mothers , 16 showed normal glucose tolerance, 9 showed impaired glucose tolerance test and 6 showed T2DM.

Methods

The GDM intimate care program enrolled multi-professional specialist, including: diabetologist, obstetrician, dietitian and diabetes nursing educator. When the GDM mother was referred to our diabetes health promotion center, we'll provide our considerate resource for them, including: nutrition consultation, free supply of glucose meter for SMBG, 24 hours blood glucose monitor and consultation through telecare, series outpatient clinic follow up before delivery and post-partum . The glycemic target during pregnancy was fasting blood sugar(ac) < 95 mg/dl and 2 hours post-meal(pc) < 120 mg/dl (ADA 2017).



Conclusions

"GDM intimate care program" create a thoughtful environment for GDM mother to provide better glycemic control during pregnancy and better pregnancy outcome, It's worth to promote to other health-care institute.

Keywords:
Gestational Diabetes Mellitus