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Changing prevalence of Gestational Diabetes Mellitus during pregnancy over more than a decade

Aisha Sheikh¹, Lumaan Sheik²

Dear Madam, Gestational Diabetes Mellitus (GDM) adversely affects the maternal and neonatal outcomes of pregnancy. Poorly controlled GDM is associated with macrosomia, polyhydramnios, operative deliveries, shoulder dystocia, neonatal hypoglycaemia, neonatal intensive care unit admission, neonatal hyperbilirubinaemia but the worst is the unexplained still births.¹

We studied the prevalence of GDM at The Aga Khan University Hospital (AKUH), Pakistan over the period of 2005 till 2018. AKUH is a tertiary care center and on the average hosts more than 5000 deliveries per year.

We observed a progressive increase in the prevalence of GDM from the year 2005 till the year 2018 (figure). In 2005 it was 6.3% and remained stable at around 8% from 2006 till 2010. Over the ensuing years a progressive rise was seen. In 2011, it was 9.86%. Now in 2017 and 2018, it's around 19%. The average prevalence in initial 5 years of this study period was 8.09% (from 2005 till 2009) and in the last 5 years (2014 till 2018) 17.8%. It has clearly more than doubled during this study duration.

This rise in prevalence of GDM is partly contributed by a change in GDM screening and diagnosis in our institute. Most of the OB/GYN consultants shifted to universal GDM screening practices and adopted the International Association of Diabetes in Pregnancy Study Group (IADPSG) criteria in the year 2012.² However this increase in prevalence is a reflection of increasing back ground prevalence of Type 2 Diabetes Mellitus (T2DM) and obesity as well. Two recent surveys have shown the prevalence of Type 2 Diabetes in Pakistan at 26% and 17.8%.^{3,4} We need more data on GDM prevalence based upon the IADPSG criteria from different parts of Pakistan to know the exact burden of the disease.

Over more than a decade the prevalence of GDM is increasing, necessitating the need to improve the screening and management of GDM to improve the

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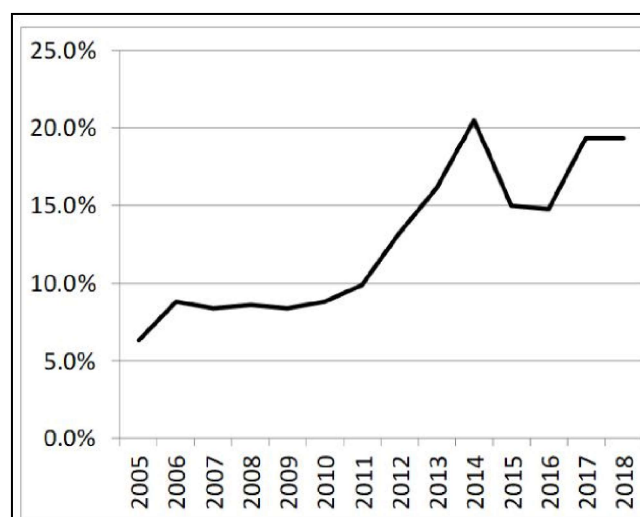


Figure: Prevalence of GDM per 100 live-births from year 2005-2018 in AKUH.

maternal, foetal and neonatal outcomes. There is a need of more prospective studies on GDM from Pakistan. Centralized national GDM registry, post-partum Diabetes risk reduction strategies, public awareness and health care professional's (HCPs) GDM training workshops are all the need of the hour. There is a dire need of public and private partnership, involvement of HCPs at primary, secondary and tertiary care for concerted efforts to manage GDM and to implement strategies to reduce the risk of DM in the mother and the baby in the Coming years.

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