

Lifestyle Modification Interventions in Pregnancy to Reduce Recurrent Gestational Diabetes

Mellitus (GDM).

Abstract

Background: In the epidemiologic context of explosion in maternal obesity, the incidence of GDM has significantly increased worldwide. Macrosomia is the most common complication in GDM and the main factor linked to other neonatal complications. Studies suggest that pregnant women with a history of GDM are at increased risk of recurrence.

Aim/Objectives: The primary aim is to determine if lifestyle modification interventions, from the start of pregnancy, will reduce GDM recurrence. Additional objectives include developing written guidelines for implementation of lifestyle modifications to reduce GDM recurrence at my current practice.

Methods: The targeted population is pregnant women receiving antenatal care at Women First OB/GYN Clinic in Reston, Virginia. The study population will comprise of 8-15 pregnant women with previous history of GDM. The intervention begins with reviewing patient charts for those with a history of GDM, and baseline information on participants. Institute of Medicine pregnancy weight chart will be use to assess appropriate weight gain. Monthly medical nutritional therapy will be arranged; monthly one-on-one counseling will be scheduled. The PRECEDE-PROCEED model will provide the structural framework for developing the lifestyle modifications intervention. Paired t-test will be used to analyze data.

Conclusion: Successful implementation of the program has the potential of reducing GDM recurrence by promoting adherence to programs that encourage appropriate weight gains in pregnancy. It will also lead to improved maternal and offspring health by reducing neonatal and perinatal mortality and morbidity rates of our patients.