<table>
<thead>
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<th>CLINICAL PEARLS: GDM</th>
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<td>GDM is occurrence of glucose intolerance that begins or is first recognized during pregnancy</td>
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<td>It complicates about 5-10% [average 7%] of all pregnancies approaching 19% in Chennai</td>
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<td>More common in urban than rural areas</td>
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<td>Patients with GDM have the risk of developing diabetes in the future and also have adverse pregnancy outcome</td>
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<td>The diagnosis of GDM cannot be established without a confirmatory abnormal OGTT</td>
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To make a diagnosis of GDM, at least 2 of the following plasma values must be found with a glucose load of 100 g [ADA recommendation]

- Fasting 95 mg/dl; 1 h- 180 mg/dl; 2 h- 155 mg/dl; 3 h-140 mg/dl

WHO recommends performing a 2 h 75 g OGTT and diagnosing GDM with a threshold plasma glucose concentration at 2 h similar to that of impaired glucose tolerance test (IGT) in the non-pregnant adults

It is important to identify all high cases at the earliest prenatal visit and screen accordingly. A repeat test can be used between 24-48 weeks

One step or a two step approach can be used for screening

HbA1C is not a suitable test for screening women with GDM

Clues to presence of GDM in women are:

- GDM in lean women
- Diabetic ketoacidosis during pregnancy
- Severe hyperglycemia during pregnancy requiring large doses of insulin
- Postpartum hyperglycemia

Pathophysiological factors

- Insulin resistant state is due to progesterone, placental lactogen, prolactin, growth hormone and cortisol
- Impaired or the compensation is decrease in first-phase insulin secretion
- Presence of islet cell antibodies
- Deterioration of beta cell function

Patients at risk should undergo testing at 24-28 weeks of gestation, high risk patients to be checked before 20 weeks of gestation

Tests should be done to evaluate patient’s glucose tolerance is OGTT

Glyburide may be the oral drug of choice for treatment with GDM

Follow-up: 1-2 weeks at least

Fetal surveillance:

- HbA1c > 7%
- Fasting glucose > 120 mg/dl
- GDM diagnosis in the first trimester
- Initiate at 32 weeks of gestation
- Target values are 80-110 mg/dl
- Monitor glucose 1 hourly in active labour

**Insulin is the first choice therapy for gestational diabetes mellitus**