

**GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

**RAJYA SABHA
UNSTARRED QUESTION NO. 1864
TO BE ANSWERED ON 05TH AUGUST, 2025**

RISE IN GESTATIONAL DIABETES IN ANDHRA PRADESH

1864: SHRI MEDA RAGHUNADHA REDDY:

Will the **Minister of HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether the Ministry has noted the rise in Gestational Diabetes Mellitus in Andhra Pradesh from negligible in NFHS 4 (2015–16) to 0.63 per cent in NFHS 5 (2019–21);
- (b) the studies on its causes;
- (c) the measures to enhance screening and maternal care; and
- (d) the targeted programmes to prevent complications and future type 2 diabetes, if so, the detail thereof?

ANSWER

**THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SMT. ANUPRIYA PATEL)**

(a) to (d): The Ministry of Health and Family Welfare (MoH&FW) conducts an integrated survey namely National Family Health Survey (NFHS) with a periodicity of around three years. The survey provides data on health and family welfare and associated domains like characteristics of the population; fertility and fertility preferences; family planning; infant and child mortality; maternal and child health; nutrition; morbidity and healthcare; women's empowerment, etc. The NFHS Report, provides, inter-alia, the 'percentage of women aged 15 and above with >140 mg/dl blood glucose levels (random) or taking medicine to lower their blood glucose level' and 'percentage of women aged 15-49 who reported that they have diabetes' and, for Andhra Pradesh, the data is as follows:-

Indicators	NFHS-4 (2015-16)	NFHS-5 (2019-21)
Percentage of women aged 15 and above with >140 mg/dl blood glucose levels (random) or taking medicine to lower their blood glucose level	Not Available	19.5%
Percentage of women aged 15-49 who reported that they have diabetes	2.4%	3.4%

Source: NFHS-5 (2019-21) and NFHS-4 (2015-16) India Reports

The Ministry of Health and Family Welfare, Government of India provides technical and financial support to the States and Union Territories under the National Programme for Prevention and Control of Non-Communicable Diseases including diabetes. Timely diagnosis of Gestational Diabetes Mellitus (GDM) allows initiation of appropriate treatment to prevent & minimise the ill effects of uncontrolled GDM on the mother & child in the short term & long term. Thus, to improve maternal and foetal outcome, Government of India released "National Guidelines on Diagnosis and Management of Gestational Diabetes Mellitus" in 2014 and "Technical and Operational Guidelines on Diagnosis & Management of Gestational Diabetes Mellitus" in 2018. The Guidelines advocate for universal screening of all pregnant women at first antenatal visit as early as possible during pregnancy and has been rolled out in all States/ UTs.

Under National Health Mission (NHM), several measures and initiatives have been taken to prevent complications during pregnancy including GDM in all States/UTs including for the State of Andhra Pradesh. Some of these are:

- Village Health Sanitation and Nutrition Days (VHSNDs) is an outreach activity at Anganwadi centres for provision of maternal and childcare including nutrition in convergence with the ICDS. All pregnant women are screened for GDM, twice during Antenatal period at Village Health Sanitation and Nutrition Day (VHSND) / Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) session. The first Oral Glucose Tolerance testing (OGTT) is done during the first antenatal contact or as early as possible in pregnancy and the second testing is done during 24-28 weeks of pregnancy, if the first test is negative.
- Pradhan Mantri Surakshit Matritva Abhiyan (PMSMA) programme which provides pregnant women a fixed day, free of cost, assured and quality antenatal check up by a Specialist/Medical Officer on the 9th day of every month. Further, in response to the need for timely identification and management of complications during pregnancy, the Extended Pradhan Mantri Surakshit Matritva Abhiyan (E-PMSMA) delivers specialised antenatal clinics for High risk pregnant women on designated days of each month, where trained obstetricians and medical personnel conduct risk screenings, ensure name-based tracking, tagging high risk pregnant women to nearest First Referral Unit (FRU) and initiate early interventions.
- At the community level, frontline health workers, including Accredited Social Health Activists (ASHAs) and Auxiliary Nurse Midwives (ANMs), conduct household-level risk assessments, mobilize women for screening, provide counselling on healthy dietary and lifestyle practices, facilitate timely referrals, and ensure follow-up for individuals diagnosed with GDM, hypertension, or diabetes. This ensures continuity of care and promotes long-term prevention, particularly in rural and underserved areas.
- Under the National Programme for Prevention and Control of Non-Communicable Diseases (NP-NCD), interventions for the prevention of cardiovascular and metabolic complications include early identification of diabetes and counselling on lifestyle modification. Individuals diagnosed are linked to regular follow-up and monitoring services through Ayushman Arogya Mandirs. Furthermore, access to secondary and tertiary care is supported through schemes such as the Pradhan Mantri Jan Arogya Yojana (PM-JAY), which provides financial coverage for over 50 crore individuals and includes treatment for diabetes-related complications, including cardiovascular surgeries. Affordable access to medicines, including insulin and cardiovascular drugs, is facilitated through the Pradhan Mantri Bhartiya Janaushadhi Pariyojana (PMBJP) and Affordable Medicines and Reliable Implants

for Treatment (AMRIT) Pharmacy. To strengthen infrastructure for long-term care, the Pradhan Mantri Ayushman Bharat Health Infrastructure Mission (PM-ABHIM) is enhancing diagnostic and critical care capacity at district and sub-district levels, enabling effective management of both acute and chronic complications associated with GDM and Type 2 Diabetes.
