

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

**LOK SABHA
UNSTARRED QUESTION NO. 2355
TO BE ANSWERED ON 9TH MARCH, 2018**

GESTATIONAL DIABETES MELLITUS

2355. SHRI B.V. NAIK:

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

- (a) whether the capacity within the healthcare system for testing and providing care on Gestational Diabetes Mellitus (GDM) and lack of awareness about the same are causes of concern, if so, the steps taken in this regard;
- (b) whether most women are still not routinely tested for GDM, thus contributing to high maternal and new born morbidity and mortality and if so, the necessary steps taken in this regard;
- (c) whether it is also a fact that a woman with GDM has five times higher risk of developing type -2 diabetes five years after her pregnancy and nine times thereafter; and
- (d) if so, the corrective steps taken in this regard?

**ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND
FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)**

(a) & (b): Government of India has released Guidelines on Diagnosis and Management of Gestational Diabetes Mellitus (GDM) in pregnant women in November 2014 and revised Guidelines in February 2018. As per the guidelines, universal GDM testing has been included in the essential ante-natal care package for all pregnant women.

- States have started implementing these guidelines and based on the proposal received from states in their Annual Project Implementation Plan (PIP), funds are being released to states towards screening and management of GDM including training. Monitoring and review of implementation is done on regular basis.
- National level orientation workshop on revised GDM guidelines for State level programme managers was conducted in February 2018. State officers were oriented on universal screening and management of pregnant women for GDM. Further, resource package for capacity building of field level functionaries along with state and district level planning were shared.

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(c): WHO Global Report on Diabetes says that Gestational diabetes (GDM) is a condition that occurs in pregnancy and carries long-term risk of type 2 diabetes. As per research study by Kim et al. titled gestational diabetes and the incidence of type 2 diabetes: the cumulative incidence of diabetes ranged from 2.6% - 70% in studies that examined women from 6 weeks postpartum to 28 years. Further, they showed that this incidence increased markedly in the first 5 years after delivery and appeared to plateau after 10 years.

As per another study published by Thomas A. Buchanan in Nature Reviews Endocrinology volume 8, Women who are diagnosed with GDM are at high risk of developing diabetes mellitus later in life. An estimated ~10% of women with GDM have diabetes mellitus soon after delivery. The rest appear to develop diabetes mellitus at rates of 20–60% within 5–10 years after pregnancy in the absence of specific interventions to reduce their risk of diabetes mellitus.

(d): All GDM positive women are screened for diabetes after 6 weeks of delivery.

If normal, women are advised to get annual screening for diabetes mellitus and counseled about life style and dietary modification and regular exercise.

If they test positive, women are linked with Non Communicable Disease programme for further management.

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