

Gestational Diabetes Mellitus in Nepal: A Serious Issue

Bhuvan Saud^{1*} and Saroj Adhakari²

¹Department of Medical Laboratory Technology, Janamaitri Foundation Institute of Health Sciences (JFIHS), Nepal

²Medical Laboratory Technologist, Government of Nepal

*Corresponding author: Bhuvan Saud, Department of Medical Laboratory Technology, Janamaitri Foundation Institute of Health Sciences (JFIHS), Nepal

Received:  May 25, 2019

Published:  June 06, 2019

Keywords: Gestational Diabetes Mellitus; Pregnant Women; Child Health; Nepal

Introduction

Gestational Diabetes Mellitus (GDM) as a serious health issue among high risk pregnant women who were either undiagnosed or those who were ignored after diagnosis and to their unborn children's health [1]. GDM appears as a temporary clinical condition during pregnancy but carries long term risk of type 2 diabetes mellitus in pregnant women if not properly managed. Untreated gestational diabetes poses greater challenge to pregnant women and is associated with long-term consequences for the offspring like longer gestational age, premature birth, neonatal respiratory distress syndrome, hypoglycemia and impaired glucose metabolism in early age [2]. In Nepal the situation is even worse. Around 81,000 babies are born preterm every year in Nepal of which obesity and diabetes accounts to 14 % and 9 % respectively [3]. The prevalence of GDM is nearly 20% which is higher compared to Asian countries like India and Pakistan or Belgium or South Korea [2]. National data by Nepal Demographic and Health Survey (NDHS) [4] lacks information on GDM in antenatal care and International Diabetes Federation (IDF) [5] does not show the number of life birth affected

by hyperglycemia in pregnancy in Nepal. This situation is going to pose a greater threat to country's health and economy if it is not controlled. Nepal needs to perform systemic screening of GDM, collect proper data, evaluate risk indicators, establish diagnostic facility and scale up GDM management in every healthcare facility around the country the earliest possible.

References

1. (2019) Gestational diabetes in England: cause for concern. *The Lancet* 393(10178): 1262.
2. Wu L (2016) Genetic variants associated with gestational diabetes mellitus: a meta-analysis and subgroup analysis. *Scientific reports* 29(6): 30539.
3. Healthy Newborn Network. Every Premie-SCALE Nepal.
4. Ministry of Health, Nepal; New ERA; and ICF (2017) Nepal Demographic and Health Survey 2016. Kathmandu, Nepal: Ministry of Health, Nepal.
5. International Diabetes Federation (IDF). The IDF Diabetes Atlas, 8th Edition.



This work is licensed under Creative Commons Attribution 4.0 License

To Submit Your Article Click Here:

[Submit Article](#)

DOI: [10.32474/LOJMS.2019.03.000164](https://doi.org/10.32474/LOJMS.2019.03.000164)



Lupine Online Journal of Medical Sciences

Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles