

Postpartum screening after gestational diabetes mellitus: Aiming for universal coverage

Sir,

I congratulate the authors for their excellent editorial, which deals with the important public health issue of postpartum follow up in gestational diabetes mellitus (GDM) women.^[1] It is well-known that GDM may play a crucial role in the increasing prevalence of diabetes and obesity.^[2] Women with history of GDM are increased risk of future diabetes predominantly type 2 diabetes mellitus (DM) as are their children. While women with GDM take care of their health during pregnancy their priority shifts postdelivery and neglect their health and fail to attend the clinic for follow up due to a number of reasons discussed by the authors.

The field health caregivers, who take care of pregnant women during ante partum should be sensitized about the importance of postpartum follow up. For them to perform postpartum screening for glucose intolerance the test has to be simple, doable and evidence-based. In Asian Indians due to high insulin resistance, the postprandial blood glucose is high, which is advantageous for postpartum screening. The public health care ASHA workers are already performing GDM screening by “a single step procedure” of diagnosing GDM with 2 hPG >140 mg/dl after 75 g oral glucose load without regard to the last meal timing, which is recommended by Ministry of health government of India. This same test procedure can be followed to detect glucose intolerance in the postpartum period also. The advantages are women need not be fasting, causes least disturbance in their routine activities.^[3,4] The mothers would not refuse this test procedure as they have already undergone this test in the antepartum period Further the above suggestion would avoid confusion among the health care workers if the same procedure is followed both in the antepartum and postpartum period to diagnose glucose tolerance. Rightly Ministry of health Government of India and WHO have approved the use of plasma calibrated glucometers for capillary blood glucose estimation, which is a patient friendly point of care approach.^[5] As suggested

by the authors, mothers definitely attend the clinic for immunization program and this opportunity can be utilized for postpartum screening.

In my considered opinion, estimating HbA1C is not possible as a screening test as this procedure is expensive and requires sophisticated equipment and trained technologists, which may not be available in many peripheral centers, besides standardization is difficult in our country.

Finally, the solution is to sensitize the government which has well placed health delivery machinery, about the importance of screening for GDM during pregnancy and for glucose intolerance in the postpartum period. Postpartum screening for glucose intolerance should be included in the woman and child health program in the 12th 5-year plan. We dwell in possibilities.

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